

THE USE OF EXPERIENTIAL LEARNING WITHIN NURSE EDUCATION

Part one: The Overview

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**Submitted in partial fulfilment of
Doctor of Philosophy by published works
January 2006**

Statement by the Author

This thesis has been submitted in partial fulfilment of the requirements of De Montfort University for the degree of Doctor of Philosophy by Published Works. To the best of my knowledge and belief this material is original, except as acknowledged within the text.

A handwritten signature in black ink, appearing to read 'John Fowler', with a long horizontal line extending from the end of the signature.

John Christopher Fowler

January 2006

The Use of Experiential Learning within Nurse Education

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Acknowledgements

This thesis would never have been started were it not for the prompting and encouragement of the Professors within the Mary Seacole Research Centre of De Montfort University. Having started the thesis I have been grateful for the comments, feedback and support from my supervisors; Professor Mark Johnson, Dr Paul Pleasance and Dr James Atherton whose perceptive questions have caused me to reflect upon my experience in a meaningful way.

I am grateful to all my students who over many years have coped with my attempts to experiment with unusual teaching approaches. Their willingness and positive feedback has encouraged me to explore and develop experiential learning techniques.

Finally to my wife, Annette, and children, Tim, Luke, Sarah and Lewis who have supported me over the years as I take on yet another publishing project.

Abstract

Within this thesis a number of Fowler's published practical examples of experiential learning are synthesised with the underpinning theory of experiential learning. A 'perspective model' of experiential learning is developed and used to analyse the published works. Fowler's original contributions are categorised as: 'the use of vicarious experience plus a reflective focus', 'constructed experience plus guided reflection', 'reflection on prior experience' and 'a structured process for combining experience and reflection'. Fowler's published models of 'clinical teaching' and 'graduated reflection' are then synthesised to form a framework for experiential learning within nurse education. The framework is used to identify the factors that facilitate learning and to make predictions regarding barriers to learning. The framework is then used to hypothesise the relationship between the facilitation of learning and coaching and the implications for nurse teachers. The limitations of taking a linear logic perspective are discussed and the insights to be gained from an appreciation of complexity theory are proposed.

Use of the 1st Person

Throughout the body of this thesis I have used the 1st person when discussing my publications, experiences and reflections. This was done to add clarity when discussing the relationship of published literature of other authors with my own publications. I also feel that it is in keeping with the philosophical underpinning of this thesis. In addition, when referencing my work 'Fowler' is typed in bold.

Glossary

APA – Accreditation of prior achievement

APEL – Accreditation of prior experiential learning

APL – Accreditation of prior learning

CAT – Credit accumulation transfer

JAN – Journal of Advanced Nursing

NMC – Nursing & Midwifery Council

NT – Nursing Times

PCT – Primary Care Trust

RCN – Royal College of Nursing

tPCT – Teaching Primary Care Trust

WTE – Whole Time Equivalent

Chapter One

“Experiential learning has become quite central in recent years to a great deal of thinking about learningbut it is quite significant that the concept of experience itself remains largely unexplored by those learning theorists who write about it”.

Jarvis 2004.90

Introduction

Throughout my career, I have had a firm belief that nursing is a practice based profession that must be mastered, developed and taught, by both the application of nursing theory to practice and the development of nursing theory from practice. As such, the educational principles of experiential learning have always proved congruent with my professional and educational philosophy. I would see myself as a ‘reflective practitioner’ (Schön, 1983) seeking to learn and develop from my professional practice as a nursing lecturer. This thesis provides the evidence that I have taken my reflective practice a step further and have become a ‘reflective researcher’ (Schön, 1983) focusing on the area of experiential learning within nurse education.

In the early 1970’s, I enrolled on an apprentice style nurse training, typical of that era. It commenced with a ‘preliminary training school’ (PTS) of six weeks, followed by a pattern of one week classroom based preparation, preceding each eight week clinical placement. I still remember the classrooms, the practical rooms, the small library and some of my student colleagues. The lessons were on anatomy, physiology and nursing care and consisted of either a nurse tutor or medical consultant standing at the front of the class delivering a lecture, literally ‘chalk and talk’. Now, thirty years on, only one session remains in my memory. This was when one tutor put a chair on top of a table, asked one student to lie on the floor under the table and another student to sit on the chair on top of the table. He asked them to have a conversation with each other. He then drew an analogy of power relationships between nurses and patients. I was neither the student sitting on the chair, nor the one lying on the floor, but amidst all the lectures and practical sessions, this is the ‘lesson’ that I still remember some thirty plus years on.

During the last thirty years, nurse education has moved from a National Health Service (NHS) apprentice training, into Higher Education located within universities. Nurse Tutors have become University Lecturers, delivering well referenced learned papers, ward based staff nurses have become 'mentors' and students are given a bursary, rather than a NHS salary. Despite many changes, the importance of clinical experience and the application of theory to practice have remained central to the principles of nurse education (NMC 2004), yet the teaching mode within the classroom has remained predominantly 'chalk and talk' or the modern day equivalent of 'powerpoint and talk'. The use of experiential learning techniques, such as using physical space to illustrate power (the chair on the table), is still the rare exception, more commonly seen as an alternative teaching method, normally associated with subjects such as communication and personal relationship skills (Burnard, 1996). My publications, which span the last 20 years of this period, challenge this notion and demonstrate the possibility for a far more comprehensive application of the principles of experiential learning to nurse education.

The encompassing theme contained within my published works is that of experiential learning. Some of the publications are examples of the various ways in which I have applied the principles of experiential learning, e.g. two dimensional games, reflective case studies and family sculpting. Other publications focus on specific research which examines a particular application of experiential learning, e.g. clinical supervision within the nursing profession.

The thesis will explore and analyse the principles of experiential learning and how they can be applied to nurse education. A model of clinical teaching developed by myself (Fowler, 2003) will be integrated with my model of graduated reflection (Fowler, 2005c) to formulate an encompassing framework of experiential learning for nurse education.

Chapter two gives an overview of my published works and identifies their original contributions to nursing education. It provides evidence of my academic and

professional credibility based upon citations by other authors, invitations to present at conferences and consultancy work.

Chapter three provides a critical review of experiential learning identifying three perspectives that are evident within the literature. The critical review is combined with a conceptual analysis of experiential learning and used to develop a perspective model of experiential learning. The model is then used within the thesis to analyse my published works.

Chapter four uses the model I developed in chapter three to analyse the experiential validity of my published works. It identifies both traditional and innovative applications of the principles of experiential learning to nurse education. It explores the relative position of the locus of control and argues that it need not necessarily always lie with the student, particularly when students have little experience with which to focus their learning.

Chapter five provides a summary of the research methods and methodological perspective evident throughout my published works and provides a summary of my original work:

- The use of vicarious experience plus a reflective focus – fables, case studies & 2 dimensional games
- Constructed experience plus guided reflection – sculpting
- Implementing a structured process for combining experience and reflection – clinical supervision
- Development of a model of clinical teaching
- Development of a model of graduated reflection

Chapter six aims to synthesise the content, arguments and philosophy explored within the thesis. It brings together a framework of experiential learning as applied to nurse education, which identifies a theoretical difference between the facilitation of learning and coaching. It acknowledges the limitations of a linear cause and effect philosophy and discusses the potential insights to be gained from an appreciation of complexity theory.

Chapter Two

Overview and Credibility of the Submitted Published Works

Traditional PhD Vs PhD by Published Works

A PhD by published works differs from a traditional PhD in that it formally commences when the majority of the candidate's work has been accomplished. Often, and particularly in my work, there was no conscious decision some years before to explore and research one particular subject with the intention of writing a PhD thesis. Despite the different starting place, the uniting principle between a traditional PhD and one by published works is that each should demonstrate an original and significant contribution to the subject being studied. The sequence for a traditional PhD is that the candidate enrolls: the research problem is identified, a plan formulated, the research is carried out, findings are then related to existing theories and finally the thesis is written. Experienced scholars then judge the thesis according to its original contribution to the subject area. The PhD by published works has a different starting place. The person has already developed expertise, researched a subject and published papers in peer-reviewed journals. They will already have gained a reputation within their discipline, often being a respected authority on their subject. Each PhD by published works has the potential to be quite different from another, in terms of structure, content and presentation. The PhD by published works is rather like the APA (accreditation of prior achievement) process discussed in chapter four. The thesis becomes a reflection on the pre existing evidence; relating the original contribution of the author to a particular subject area. This chapter identifies the chronology of my published work and the credibility and reputation of my work within the nursing profession.

Chronology of the Published Works

My published works demonstrate a consistent and progressive exploration and application of the principles of experiential learning to nurse education. Viewed collectively they demonstrate a case study approach to this subject area. The publications are analysed as a case study in chapter four; they demonstrate original and innovative applications which have pushed forward the boundaries of experiential

learning within nurse education. Within the broad subject of experiential learning I have focused research on one specific area; the implementation of clinical supervision. Some of my publications demonstrate principles of survey research (Fowler, 1992, 1995a, 1997c, 1998n) and other publications demonstrate evaluative research (Fowler, 2001, Fowler, Dooher & Chevannes, 1998, Fowler & Dooher, 2001c). Table 1 lists in chronological order my total publications. They include: journal articles, book chapters, abstracts from peer reviewed conference publications, health authority publications, university publications and text book editorship.

Date	Type of Publication	Title of Publication
Fowler, 1981	Journal – Nursing Times	The ups and down in the life of Betty – Community nursing care study
Fowler & Abinett, 1984	Journal – Nursing Times	Juggling the rota – ward management
Fowler, 1985	Journal – Nursing Times	One for you, one for me – ward management
Fowler, 1985a	Journal – Nursing Times	A game of patients – ward management
Fowler, 1985b	Journal – Nurse Education Today	Learning to be a ward sister – experiential learning exercise
Fowler, 1986	Journal – Professional Nurse	Project 2000 – A Nurse Educators View
Fowler, 1987	Journal – Nursing Times	Sister Vision’s Dream – a leadership fable
Fowler, 1992	Journal – Nurse Education Today	The use of video cameras in one college of nursing – small scale study
Fowler & Rigby, 1994	Journal – Nurse Education Today	Sculpting with people – an experiential learning experience
Fowler, 1994	Journal – Professional Nurse	Using Peplau’s model in palliative care – comparative analysis

Fowler, 1995	Journal – Professional Nurse	Taking theory into practice – using Peplau’s model in the care of a terminally ill patient
Fowler, 1995a	Journal – Research in Practice Supplement - Nursing Times	Nurses perceptions of the elements of good supervision – research study
Fowler, 1996	Journal – Journal of Advanced Nursing	The organisation of clinical supervision within the nursing profession – literature review
Fowler, 1996a	Journal – British Journal of Nursing	Clinical supervision, what do you do after saying hello – clinical application
Fowler, 1996b	Journal – Nursing Standard, Art & Science	How to use clinical supervision in practice – clinical application
Fowler, 1996c	Journal – Nursing Times	Writing essays at diploma and degree standard – clinical application
Fowler, 1997	Leicestershire Health Authority Publication – 20,000 copies	The Leicestershire position statement on clinical supervision
Fowler & Chevannes, 1998	Journal – Journal of Advanced Nursing	Evaluating the efficacy of reflective practice within the context of clinical supervision – research study
Fowler, 1998 b-m	12 short chapters in text book – The Handbook of Clinical Supervision	<ul style="list-style-type: none"> b) What is clinical supervision? c) What is the difference between mentoring, preceptorship and clinical supervision? d) Is clinical supervision new? e) Our areas have some form of clinical supervision, does it have to change? f) Do we really need clinical supervision? g) Is there a connection between clinical supervision and reflective practice h) How do you develop a system of clinical supervision to meet your needs? i) Do different groups of people need to

		<p>use different models of clinical supervision?</p> <p>j) What do you do after you say hello?</p> <p>k) Should clinical supervision sessions have an agenda?</p> <p>l) How could it work for a staff nurse in a learning disability group home?</p> <p>m) How could it work for a staff nurse on an intensive care unit?</p>
Fowler Dooher & Chevannes, 1998	De Montfort University – Mary Seacole Research Centre Publication	Fosse Health NHS Community Trust – Research Evaluation Study
Clark, Dooher & Fowler 2001	Text book – Joint Editor	The Handbook of Practice Development
Dooher, Clark, Fowler, 2001	Text book – Joint Editor	Reflections on Practice Development
Fowler, 2001	Chapter in text book – The Handbook of Practice Development	Using clinical supervision in practice development – clinical application
Fowler, 2001a	Chapter in text book – The Handbook of Practice Development	Evaluating practice development – research
Fowler & Dooher, 2001	Chapter in text book – Themes in Clinical Supervision	Qualitative evaluation of clinical supervision – research
Fowler, 2003	Chapter in text book – Nursing Practice & Health Care	Supporting staff in giving high quality care – educational and clinical application

Fowler & Goodrich, 2005	Chapter in text book – Staff Nurse Survival Guide	What sort of post registration course should I do? – educational and clinical application
Fowler, 2005	Text Book – Editor	Staff Nurse Survival Guide
Fowler, 2005a	Chapter in text book – Staff Nurse Survival Guide	How can I develop my professional practice – educational and clinical application
Fowler, 2005b	Chapter in text book – Staff Nurse Survival Guide	What are CAT points and APA? – educational and clinical application
Fowler, 2005c	Chapter in text book – The Good Consultation Guide	Implementing the learning plan – educational and clinical application
Fowler, 2006	Commissioned text book – in press Joint author	Developing Portfolios & Profiles
Fowler, 2006a	Commissioned text book – in press. Editor	Fundamental Aspects of Nursing in the Primary Health Care Setting
<p style="text-align: center;">Summary of Publications</p> <p style="text-align: center;"><i>Table 1</i></p>		

Original Contribution within the Thesis

In addition to the original contributions made by my published works, the first part of this thesis contains an original contribution to the knowledge base of experiential learning. In Chapter three I have undertaken a conceptual analysis of experiential learning and developed a model to analyse teaching and learning, from an experiential perspective. This in itself is an original contribution to the literature. As no such model previously existed it was required in order to evaluate my published works. This is demonstrated in chapter four, in which the model becomes the underpinning analytical structure. Chapter four demonstrates that the model can be used to identify from an experiential perspective: strengths, weaknesses and innovations of teaching approaches.

My original contribution to the knowledge base of experiential learning as applied to nurse education is therefore five fold.

1. The development within this thesis of a model to analyse teaching and learning from an experiential perspective (see chapter 3).
2. The consistent, progressive and innovative application and publication of the principles of experiential learning to nurse education, over a period of 20 years (see chapter 4).
3. An area of specific research focusing on the application of a structural process for combining experience and reflection, that of clinical supervision (see chapter 5).
4. The development and publication of two educational models to aid the utilisation of experiential learning: a model of clinical teaching and a model of graduated reflection (see chapter 5).
5. The development of a framework for experiential learning for use in nurse education (see chapter six).

Reputation of the Work

This section contains evidence regarding the authoritative reputation and use of my work by others. I have over 50 publications, 40 of which appear in a wide variety of peer referenced publications, NHS publications and books. In addition, there are conference presentations, master classes, keynote speaking, training sessions and consultancy work.

Type of Publication	Number of examples
Total number of publications	52
Total number of peer referenced publications	40
Total journal articles	18
Number of publications receiving citation in other publications	13
Number of different journals publications have appeared in	6
Total chapters in books	7
Total sections (small chapters) in books	12
Total number of books chapters have been written for	6
Total number of citations (see below for details)	122
<u>Overview of Reputation via Publications</u>	
<i>Table 2</i>	

As can be seen from the overview of the publications (table 2) I have published a considerable number of articles in a variety of journals and text books. The majority of these publications have been peer reviewed. Particular journals were targeted for each specific readership. The majority of clinically based nurses will tend to read or scan journals such as the ‘Nursing Times’ or the ‘Professional Nurse’. Nurse educators will probably access ‘Nurse Education Today’ whilst the ‘Journal of Advanced Nursing’ is usually accessed by academics and people on higher education courses. Student nurses tend to search for specific subjects via electronic searches in a wide variety of journals. My purpose in publishing work was to communicate ideas with specific groups of people. Thus, if I was writing an article targeted to staff nurses and ward sisters, I would write in the required style of the Nursing Times. A number of my publications have been used as evidence in the research activity exercise and the quality assurance activity. However, I have never specifically targeted the ‘5 star’ journals for this purpose. My main focus was to discuss my work with all levels of nursing staff, particularly clinicians; hence my style of writing shows evidence of adaptation to the target audience and publication.

The reputation gained by these publications is significant. They represent a considerable portfolio; demonstrating a progressive contribution to nursing theory and in particular the applications of experiential learning to nursing. I have published work in the majority of the UK nursing journals and have been cited by other authors (122 times) in 21 journals and 12 books, representing; nursing practice, nursing management, nursing education, medicine, social work, psychology and human nutrition (see table 2,3 & 4 box 1 & appendix 2 & 3 for full details)

Title of Journal that published work has been cited in.	Number of times work has been cited in this journal
As per Google Scholar search (accessed 10.10.05).	
Journal of Advanced Nursing	39
Journal of Nursing Management	12
Journal of Clinical Nursing	9
Journal of Psychiatric & Mental Health Nursing	5
International Journal of Nursing Studies	4

Learning in Health & Social care	4
Nurse Education Today	2
Reflective Practice	2
Journal of Human Nutrition & Dietetics	2
Nursing in Critical Care	2
Medical Education	2
Intensive Critical Care Nursing	1
Nursing & Health Sciences	1
Psychology & Psychotherapy	1
Journal of Orthopaedic Nursing	1
British Journal of Nursing	1
Nursing & Health Care Management	1
Child & Family Social Work	1
Nursing Standard	1
Journal of American Psychiatric Nurses Association	1
Issues & Innovations in Nursing	1
Journal of Nursing Practice	1
Others	4
<p style="text-align: center;"><u>Breakdown of Citations by Journal Publication</u></p> <p style="text-align: center;"><i>Table 3</i></p>	

As can be seen from table 3, the majority of the citations for my work appear in the Journal of Advanced Nursing, one of the most academically prestigious nursing journals for RAE purposes. This demonstrates the academic respectability of my work, by a variety of authors writing for one of the most highly regarded nursing journals. The article that has been cited the most is a review of the literature on clinical supervision (Fowler, 1996), which was published itself in the Journal of Advanced Nursing (JAN). This provided a seminal paper for much of the later work within the profession on clinical supervision. The publication which received the second highest number of citations was again published in the JAN and contained results from an evaluative research study on ‘Reflection within the Context of Clinical Supervision’. The majority of the publications cited by other authors concerned the

subject of clinical supervision with two citations each on 'The Use of Video Cameras, and 'Learning to be a Ward Sister – experiential learning'.

Citation Details as per Google Scholar Search Engine

See appendix two for full details

The organization of clinical supervision within the nursing profession: a review of the literature

J Fowler - Cited by 35 - Web Search

The organization of clinical supervision within the nursing profession: a review of the literature. Journal of Advanced Nursing, 1996 - ncbi.nlm.nih.gov

Evaluating the efficacy of reflective practice within the context of clinical supervision

J Fowler & Chevannes - Cited by 18 - Web Search

Journal of Advanced Nursing, 1998 - blackwell-synergy.com - blackwell-synergy.com - ingenta.com - ncbi.nlm.nih.gov

Clinical supervision: what do you do after saying hello

J Fowler - Cited by 12 - Web Search

Clinical supervision: what do you do after saying hello? Fowler J. British Journal of Nursing, 1996 - ncbi.nlm.nih.gov

Nurses' perceptions of the elements of good supervision

J Fowler - Cited by 10 - Web Search

Fowler J. Nursing Times, 1995 - ncbi.nlm.nih.gov

How to use models of clinical supervision in practice

J Fowler - Cited by 4 - Web Search

How to use models of clinical supervision in practice. Fowler J. Nursing Standard, 1996 - ncbi.nlm.nih.gov

Learning to be a ward sister

J Fowler - Cited by 2 - Web Search

Learning to be a ward sister. Fowler J. Nurse Education Today, 1985 - ncbi.nlm.nih.gov

The use of video cameras in one college of nursing

J Fowler - Cited by 2 - Web Search

... Fowler J. The use of video cameras in nurse education is reviewed and a small scale ...
Nurse Education Today, 1993 - ncbi.nlm.nih.gov

[CITATION] Demystifying clinical supervision

J Dooher, J Fowler, AM Philips, R North, A Wells - Cited by 4 - Web Search

The Handbook of Clinical Supervision – Your Questions ..., Mark Allen Publishing Ltd, 1998

[CITATION] Evaluating the benefits of clinical supervision

J Dooher, J Fowler, AM Phillips, A Wells - Cited by 3 - Web Search

The Handbook of Clinical Supervision – Your Questions ..., Mark Allen, Trowbridge, 1998

[CITATION] Implementing Clinical Supervision

A Clark, J Dooher, J Fowler, AM Philips, R North, ... - Cited by 3 - Web Search

The Handbook of Clinical Supervision. Your Questions ..., Mark Allen Publishing Ltd, 1998

[CITATION] Individual sessions of clinical supervision

A Clark, J Dooher, J Fowler, AM Phillips, A Wells - Cited by 2 - Web Search

The Handbook of Clinical Supervision. Your Questions ..., Mark Allen Publishing Ltd, 1998

[CITATION] The Handbook of Clinical Supervision–Your questions answered

J Fowler - Cited by 2 - Web Search

Quay Books, Salisbury, 1998

Publications Cited

Box 1

Publications cited in books

The Google Scholar search (box 1) allows citations to be traced in journals that have been imported into their database (this was a more extensive data base of nursing literature than the Social Science Citation Index SSCI). Whilst this provides a quantitative indication of the way in which publications are valued by academics writing in journals, it does not take into account references within text books. The Royal College of Nursing (RCN) Library catalogue lists 28 books with clinical supervision in the title. 18 of these books were available on the shelves of the RCN

library in London on the 27.7.05. One of these 18 books one was edited by myself, of the remaining 17 books, 12 contained references to my work. There were 25 references citing six different papers (see appendix 3 for specific details). As this was a manual search the list is indicative rather than exhaustive. It also does not cover other more general nursing and nursing education text books.

These citations demonstrate the indicative use of my work by other academics. However, they do not capture the ordinary clinician's usage of the publications, to which a number of the articles were targeted. This is difficult to quantify in the way that I have done with the citations, but is evidenced by the variety of invitations I have received to advise individual wards and groups of staff on educational matters and requests to assist in the development of systems of clinical supervision. In addition, I have marked and moderated, both as a lecturer and external examiner, many hundreds of scripts from qualified nurses undertaking a post registration teaching and assessing course and frequently seen my work referenced.

The other significant way that original contributions and ideas are acknowledged within the academic and professional world is via conferences and keynote speaking. My contribution in this area is summarised in table 5. I have given 6 presentations of research work at national / international conferences. These presentations have drawn upon my research work on clinical supervision.

My work on 'sculpting' has been presented at 3 national / international conferences in the format of a 'master class / workshop'. This differs from the normal conference presentation in that the master class is usually a two-hour workshop presentation of the technique, followed by discussion and questions. This is a particularly poignant way in which to convey the use of the sculpting technique: an experiential method to convey information about an application of experiential learning.

In addition to the standard conference presentations, I have accepted a number of invitations to act as keynote speaker at both local and national study days (18). This again demonstrates my reputation both within my local geographic area and also nationally.

Type of Conference Presentation	Number of Presentations
Research Presentation – National / International Conferences	6
Master Class – National / International Professional Conference	3
Keynote Speaker – National Study Day	4
Keynote Speaker – Local Study Day	14
Poster Presentation – National / International Professional Conference	2
<p align="center"><u>Overview of Conference & Lecturer Presentations</u> (in addition to normal lecturing duties as part of Principal Lecturing role)</p> <p align="center"><i>Table 4</i></p>	

In addition to publications, citations, conference presentations and keynote speaking, my original contributions and academic reputation are further evidenced by a number of other consultant activities (see table 6). These include: the invitation to contribute chapters to other authors’ textbooks, editing of two textbooks and joint editor of two others. Building upon this reputation I was then asked to become a series editor for a collection of text books: 5 have been published, 5 more are in press and 10 more have been commissioned. The time commitment of this more recent editing work has meant that I have had to reduce conference and speaking presentations. I am also a referee on the subject of experiential learning and clinical supervision for the JAN and NT Research.

The final area that demonstrates my reputation regarding the subject area concerns research projects and consultancy. I have been responsible for 2 funded research projects. The first was to evaluate an existing system of clinical supervision within a multidisciplinary Health Care Trust: this involved conducting focus group interviews as a means of evaluating the Trust’s original objectives (Fowler, Doohar & Chevannes, 1998). The second is an action research project to implement and evaluate group supervision within a Primary Care Trust (PCT) which is currently ongoing. As a result of this later project the author was then asked to take on a 60% part time secondment for 12 months, to the Leicestershire and Northamptonshire teaching PCT to act as an educational consultant to develop an education strategy for all health service staff within the PCT.

Other Evidence of Academic & Professional Recognition	Number of examples
Invited to contribute chapter in another author's book	3
Chapters in Fowler's joint edited books	5
Sections in Fowler's edited books	12
Sole editor of textbook	2 (plus 1 in press)
Joint editor of textbook	2 (plus 1 in press)
Series editor – Fundamental Aspects of Nursing	5 published texts 5 in press 10 commissioned
Journal article referee	2 Journals Journal of Advanced Nursing & NT Research
Text book referee	1 publishing house
Funded research – clinical supervision	2 NHS projects
Funded Secondment as Educational Consultant to NHS (L&N tPCT) 60% WTE 12 months	1
<p style="text-align: center;"><u>Overview of Consultancy Roles</u></p> <p style="text-align: center;"><i>Table 5</i></p>	

The evidence in this chapter has demonstrated that my work has achieved academic credibility, via scholarly publications and conference presentations in the traditional academic way: this was validated by De Montfort University in 1998 by my promotion to Principal Lecturer by the Vice Chancellor's committee. This traditional academic credibility has continued with further publications and speaking engagements. In addition, I have achieved professional credibility regarding the application of this academic knowledge. This is demonstrated by commissions for funded research projects and educational consultancy within the Health Service at a strategic level and also at grass roots level with individual clinicians via the operationalisation of clinical supervision. Much of this work draws upon established theories; however a considerable amount of work focuses on new research and innovative adaptation of existing ideas.

Chapter Three

A Critical Review of Experiential Learning

Introduction

In the early 20th century, a reductionist view of human behaviour dominated the academic field of psychology and education. Classical conditioning (Pavlov, 1927) and operant conditioning (Skinner, 1951) were stimulus response theories which dominated educational thinking in the first half of the century. They made the assumption that what happened inside the brain could not be observed. Therefore what was important was what went into the brain, the 'stimulus' and what came out, the 'response'. As experimental observations became more sophisticated, particularly in the area of perception (Piaget, 1929), it became apparent that stimulus response theories could not explain some of the experimental findings. The view was developing that the brain was not just a passive recipient to be filled up, but was somehow actively involved in the learning process. In the 1960s & 70s, the traditional reductionist view was being complemented by a more complex non-reductionist view. Collectively these were categorised as cognitive theories in that they acknowledged the active part that the brain plays in the learning process. Different theorists identified different areas of the cognitive process: developmental stages (Piaget, 1929), meaningful connections (Ausubel, Novak & Hanesian, 1978), self motivation and discovery (Brunner, 1979), memory (Gagne, 1977). At a similar time other theorists were stressing the importance of role models in the learning process (Bandura, 1969) which led to another perspective on learning, the social learning theorists. In addition a more general humanistic perspective emphasised the importance of individuals taking control of their own learning (Maslow, 1954).

Whilst cognitive, social learning and humanistic theorists all acknowledged the importance of experience in the process of learning (Kelly, 1997) none could formulate an adequate theory as to its function within learning, apart from being a source of stimuli. There was however a recognition that these existing learning theories were missing some of the more profound truths of learning in terms of the knowledge that is gained in non-institutional settings.

In the early 1980s the concept of 'experiential learning' became an acknowledged term within education (Warner Weil & McGill, 1989, Hobbs, 1987). Mezirow (1981, 1991) and Freire (1972) stressed that at the heart of all learning lies the way we process experience, in particular, our critical reflection of experience. Kolb (1984) introduced what has now become a well established 'experiential learning cycle'. Experiential learning initially acknowledged the non-institutional aspect of learning and offered a more pragmatic approach to learning. In subsequent years a plethora of literature appeared under the heading of experiential learning each having a slightly different perspective on the nature of experiential learning.

Categorisation of Experiential Learning Approaches

Although there has been a wide range of literature on experiential learning there does not appear to be a consistent agreement as to what experiential learning is, nor a recognised framework on which to structure it. In an attempt to give meaning to the literature reviewed in this thesis, I have developed an analytical model which categorises the literature into three areas: 'component approaches', 'cyclical stages' and 'learning outcomes'. Each will be considered briefly.

Component approaches

Part of the literature describes experiential learning by identifying its components or characteristics. Boud & Pascoe (1978) identified three characteristics: firstly, the student was fully involved with the learning, secondly, that it was the quality of the experience rather than the location of the experience that was important and finally that the learner had control over the experience. Murgatroyd (1982) put forward four 'components' that are a little more explicit than Boud & Pascoe's characteristics. Firstly, the person was aware of the processes that were taking place which enabled learning to occur. Secondly, a reflective experience allowed the person to relate past, present and future together. Thirdly, the 'what and how' of what was being learnt, was personally significant to the learner. Fourthly, there was involvement of the whole self – body, thoughts, feelings, actions – not just the mind. These four components were reinforced and expanded upon by Woolfe (1992) who identified what he termed concrete propositions of experiential learning: it is the experience of the individual, who actively participates with the locus of control shifting from the

teacher to the learner resulting in the participant being responsible for his/her own learning.

All of these 'component' perspectives have a similar approach; they try and identify what it is about experiential learning that makes it different from other styles of learning. In summary they identify the importance of the learning experience, the holistic involvement of the learner, the importance of reflection and that of the locus control moving from the teacher to the learner. It is interesting to speculate if all these components need to be present or whether some carry a heavier weighting that can compensate for a missing component. This will be discussed further in the next chapter when the components will be used to analyse my publications.

Cyclical stages

Other authors concentrate on the stages that occur within the experiential learning process. The most famous of these approaches is that of Kolb (1984) with his 4 stage learning cycle. However there are a number of other models with different numbers of intervening stages, varying from 1 to 8. All of these theorists make the assumption that experience alone is not enough to initiate learning. The experience needs to be 'packaged' in at least one other activity. The number of supposedly relevant activities usually relates to the number of stages in the learning cycle. A one stage model is typified by the famous Confucius quote

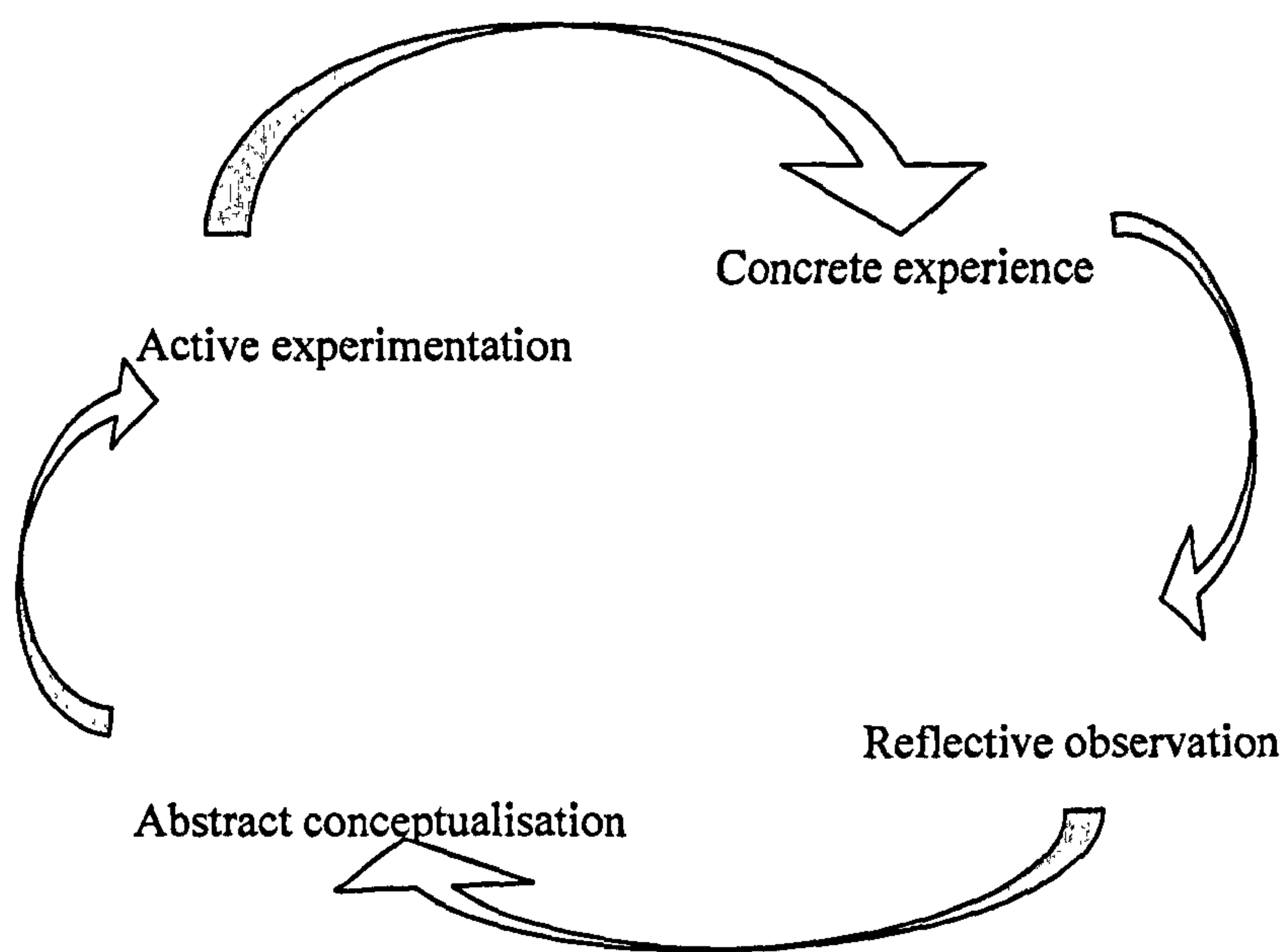
I hear and I forget

I see and I remember

I do and I understand

Confucius 551-479 BC (word power, 2005)

A two stage model is one often seen in 'outward bound' philosophies and training programmes (Neil, 2004). This is the combination of experiences and time for reflection on what was happening. A three stage model which builds on from this is that of: experience, reflection followed by 'plan'. This can be seen in the work of Greenaway (2002). The four stage model is that of Kolb (1984) which bring together the 'concrete' experience, reflective observation, abstract conceptualisation followed by active experimentation, with a particular emphasise on the active experimentation leading back into the concrete experience, and so on.



Kolb's 4 stage model (1984)

There are a number of five stage models; Joplin (1981), focus-action-support-feedback-debriefing, Kelly (1997) encounter-(dis)confirmation-revision-anticipation-investment. Each of the cyclical models takes a different organisational approach to the learning cycle and each appearing to be more prescriptive in its application to learning. A six stage model of Priest (1990): experience-induce-generalise-deduce-apply-evaluate, takes the basic 4 stage model and breaks down the reflective stage into induce-generalise-deduce.

One of the reasons for the popularity of the cyclical approach is that it takes a generalised concept, 'experiential learning' and attempts to give it structure. These approaches are quite attractive when planning curriculum or training programmes in that they give structure to the process of learning. Whether this structure is justified is another question and serious criticisms of Kolb's work in particular have often been made because of the way the 4 stage model is lifted out of context, poor external validity or used to build up more 'grand theories' (Webb, 1980/2003; Jarvis, 2004, Atherton, 2002; Smith, 2001). Whilst acknowledging these reservations I believe that the 4 stages of Kolb's cycle offer a valid structure to analyse my published works and will be used as such in the following chapter.

Outcomes of Learning

The final way in which experiential learning is presented in the literature is that of the outcomes of experiential learning. Warner Weil & McGill (1989a) produced a typology of what they termed four 'villages'. Initially, this was constructed to categorise papers presented to the 1st international conference on experiential learning. It has since become an accepted way of categorising experiential learning and will be used to analyse my publications in the following chapter. The first 'village' is concerned with validating prior experiential learning as a route into higher education, employment or professional bodies, what has come to be known as APL (accreditation of prior learning) or APEL (accreditation of prior experiential learning). The second village concerns the role that experiential learning might have in post secondary education. The third village relates to the use of experiential learning in raising group consciousness and community action. The final area or village identified focuses on the effects of experiential learning on the individual in terms of self awareness and personal development.

It is evident from the above review that the term experiential learning is used in a variety of ways. Some authors try to deconstruct experiential learning into components; others describe the cyclical process that is involved whilst the third group focus on the outcomes of experiential learning. It is possible to synthesise these three perspectives into an eclectic model e.g. structure, process and outcome; resulting in a perspective model (see page 38). However whilst this is useful as an analytical model, it is a complex compilation that lacks the focus of a simple definition. Moon (2004) identifies that there are numerous definitions, but each is developed to encapsulate the particular way in which experiential learning is being used in that particular situation. Two fundamental questions to consider are: 'What is experiential learning?' and 'What lies at the heart of experiential learning?'

What is Experiential Learning? – A Conceptual Analysis

Dewey (1938), who was probably one of the most significant and influential educators of his time, founded an educational movement based, at least in part, on the concept of, 'experience plus reflection equals learning'. This was the foundation of what came to be termed 'progressive education', in that it challenged the traditional

teacher centred system of the time. Despite the somewhat mixed reception and criticism that progressive education received over the years, the concept of experience plus reflection equalling learning, has become well established in educational literature (Jarvis, 2004). It is here that the origins of experiential learning can be seen, with Dewey's recognition of the importance of experience and reflection in learning.

In subsequent years a plethora of literature and practices have developed, based on the ideas within this apparently simple concept of combining experience and reflection. In 2004, Moon, commenting on the large number of different definitions that have appeared in the literature regarding experiential learning, concluded that any unifying definition is complicated by the fact that experiential learning is at least in part a constructed term. McGill & Warner Weil (1989) attempted to provide a definition that incorporated a wide range of interpretations:

"the process whereby people engage in direct encounter, then purposefully reflect upon, validate, transform, give personal meaning to and seek to integrate their different ways of knowing. Experiential learning therefore enables the discovery of possibilities that may not be evident from direct experience alone" McGill & Warner Weil (1989a. 248)

Whilst this is useful, in that a single definition focuses thought, ideas and allows comparisons to be made, any such definition of what has become an umbrella term immediately limits some of the variety of applications of experiential learning that exist (Moon, 2004). There is in addition an international perspective; European usage tends to focus on group based human relation type activities, whilst Americans tend to use it to describe work and field based placements outside educational institutions, whereas in Australia both perspectives seem to be acknowledged (Boud, 1989). In relation to nurse education in the UK, Burnard (1991) a lecturer and prolific author on teaching about relationships within nursing, summarised experiential learning as: 'learning by doing, which involves reflection and is an active rather than a passive learning process'. This is a definition that is compatible with my own experience of the use of experiential learning within nurse education (Fowler, 1985; 1985b, Fowler & Rigby, 1994; Fowler, 1996). However it does appear to be limited to the immediate context of the learner. Other usages of experiential learning appear to have

a far wider socio political perspective to them (Criticos, 1989). This demonstrates the problem of trying to produce a single definition of a complex constructed term.

In an attempt to incorporate the variety of experiential learning practices that were being presented to the 'First International Conference on Experiential Learning' Warner Weil & McGill (1989a) produced a typology as a means of ordering papers presented to the conference. The conference acknowledged that experiential learning referred to a spectrum of meanings, practices and ideologies that involved not only teachers but policy makers, change agents and 'ordinary' people all over the world. They subsequently identified four clusters of interrelated ideas and termed them 'villages'.

- Village one was concerned with validating prior experiential learning as a means of creating new routes into higher education, employment and professional bodies. (example Fowler, 2005b)
- Village two focused on the role that experiential learning might have in post-secondary education. (example Fowler, 1985; 1992; 2001; 2005)
- Village three acknowledged the way that experiential learning could be used in community action and raising group consciousness. (example Fowler & Dooher, 2001)
- Village four was concerned with the effect of experiential learning on the individual in terms of self-awareness and personal development. (example Fowler, 1985b; 1996; 1998a; 2003)

(Warner Weil & McGill, 1989a)

I have used and published examples of how these could be applied to nurse education: see references for examples. These will be analysed in chapter 4. In a similar way and in an attempt to develop a conceptual understanding of experiential learning, Boud, Cohen & Walker (2000) developed five propositions concerning experiential learning (component approach see above). They identified that experience is the foundation of and stimulus for learning, learners actively learn, in a holistic way, which is socially and culturally constructed and influenced by the socio- emotional context in which it occurs. The outcome of learning, subsequent to the ideas contained within these propositions and within the four villages, is that experiential learning has the potential

to result in: self growth, ranging from the individual to communities, and aspects of professional, life and academic education. Thus, the application and subsequent implications of experiential learning appear far more widespread and profound than might be conjured by the relatively simple Deweyian concept of 'experience plus reflection equals learning' (Dewey, 1938). In particular, how can experiential learning proponents claim its effects on social action and raising community consciousness?

From a Freirian (Freire, 1972) and Illichian (Illich, 1971) perspective the focus that experiential learning puts on an individual's experience rather than the learning institution's (and hence the government or state) is highly significant. For when the locus of control of what is learnt lies with the individual, then the potential for the challenge of social norms becomes a reality, a 'bottom up' rather than a 'top down' change agent. These are considerable claims not only for 'learning' in its everyday sense, but for social action as a result of experiential learning. This is a potential Freirian / Illichian outcome of experiential learning as proposed by the categorisation within 'village three', of raising group consciousness and community action. Is the combination of experience and reflection really that powerful? Dewey discusses the nature of the experience stressing that it not just any experience that has the potential for learning; it is in Dewey's terms the 'quality' of the experience that provides a measure of its educational significance. Quality is described by Dewey as a union of the 'continuity', which he describes as the bringing together of the before and after of the experience on events and the 'interaction' of the internal and external factors of the experience. Thus, experience is not just a simple matter of exposure to an event; there is an element of the experience needing to become internalised and positioned in relation to existing knowledge and experiences.

Reflection is the other factor in Dewey's equation of 'experience plus reflection equals learning'. Whilst Dewey (1938) acknowledged the significance of reflection the focus within his writings was on the experience and how to harness its potential, reflection appeared to Dewey to be a more natural process that occurs in periods of quietness whilst focussing on the activity.

"There should be brief intervals of quiet reflection provided for even the young. But they are periods of genuine reflection only when they follow times

of more overt action and are used to organise what has been gained in the periods of activity” (Dewey, 1938.63)

Kolb (1984) believes that learning comes about by the ‘grasping’ of experience, what he terms, ‘prehension’ and the subsequent ‘transformation’ of that experience. Initially, this is by ‘reflective observation’, to make sense of and organise the experience and subsequently via ‘active experimentation’. Kolb proposes that the two dimensions of ‘prehension’ and ‘transformation’ each contain dialectically opposed adaptive orientations and it is the resolution of the conflict between these orientations that results in learning. The grasping or ‘prehension’ dimension is at one extreme that of a concrete experience and at the other, an abstract comprehension. Thus reflection, for Kolb, is far from the passive ‘quietness’ suggested by Dewey. It is an active transformational process seeking to resolve internal conflict between the two intersecting continuums. Kolb represents these ideas pictorially by the use of his learning cycle (cyclical approaches see above) and much of the reworking and application of Kolb’s idea focuses on the cyclical nature of the interactions and often misses the internal dynamic forces relating to the dialectically opposed adaptive orientations. In the 1980s and 90’s, there appeared a considerable volume of literature on the subject of reflection as a subject in its own right (Schon, 1983; Mezirow, 1998; Moon, 1999). However, with the exception of Moon (2004) little connection was made to the earlier work of reflection within the context of experiential learning (Moon, 2004. 81). This connection, particularly the levels of reflection (Hatton and Smith, 1995; Kember, Jones, Loke, et al 1999; Moon, 2004), will be explored later in this thesis.

Both Dewey and Kolb would appear to agree that experiential learning is the product of reflection upon experience, with the nature of the reflection and the quality of the experience, being significant to the overall learning.

Another dimension is added by Steinaker and Bell (1979), particularly to the experience factor in the equation. Steinaker and Bell developed the idea of a taxonomy of experiential learning in which the learner becomes increasingly immersed in the learning experience; moving from exposure, through participation, identification, internalisation and finally dissemination. Whereas other authors depict

experience as a single all or nothing event, Steinaker and Bell envisage a taxonomy or ongoing and deepening involvement with the experience. They see their work complementing the cognitive (Bloom, Englehart et al 1964), affective (Krathwohl, Bloom et al 1968) and psychomotor (Harrow, 1972 & Simpson, 1966) taxonomies, acting as a 'gestalt', bringing together and synthesising the various categories, arguing that experiential learning is about the total experience. Steinaker & Bell add two important factors to the meaning of experiential learning. Firstly, is the gestalt or holistic perspective of learning, the bringing together of knowledge, skills and attitudes with the concept of holistic teaching. Secondly, is the idea that an experience happens at different and progressive levels. Whereas Dewey and Kolb in particular acknowledge the cyclical and ongoing nature of the experience and the fact that what is learnt is fed back into the experience, which is again reflected upon; they do not seem to acknowledge the taxonomy perspective of different levels of deepening experience as do Steinaker & Bell.

Reflection, for Steinaker and Bell (1979) has a particular significance at the identification stage, rather than a continuous process. This is an interesting perspective which adds a quantitative dimension to the nature and act of reflection. A number of authors in the 1990s began to distinguish between levels of depth in reflection (Hatton & Smith, 1995; Moon, 2004). However, they seemed to make the assumption that 'no reflection' is associated with 'surface learning' whilst 'critical reflection' is associated with 'deep learning'. They do not seem to acknowledge that the stage or level of reflection may be associated with the level of exposure to the experience; in essence, that there may be an inappropriate time for reflection and an appropriate time. If the two taxonomies, reflection and experience are combined, then there exists a potential strategy or framework for experiential learning. This will be developed in the later part of the thesis.

For Steinaker & Bell (1979) it is at the identification stage that the learner begins to reflect and internalise what they are learning (see Fowler, 2003) and it begins to become part of their own values, rather than an external skill or aspect of knowledge that they are mimicking. My own research would support this idea of reflection not being a continuous process and in particular that some learners appeared reluctant to

enter into a learning relationship which required reflection (Fowler & Chevannes, 1998).

Reflection and Tacit Knowledge

Some reservations have been made regarding the way that the concept of reflection seems to have been accepted within nursing as 'an answer to all of nursing's and nurse education's ills' (Greenwood 1998.3). Greenwood's point is a valid one in that the nursing profession appears to have accepted the practice of reflection without addressing the 'why and how' questions. The result is that much of the reflection that occurs appears to result in the person examining their practice within the context of their immediate consciousness. This is what Argyris calls single loop learning, in which the person examines the results of their actions within the context of the immediate culture, values and conscious processes (Argyris, Putnam and McLain Smith 1985). There is a 'deeper' level of knowledge which is arguably below the level of conscious thought. This is what Polanyi (1958/1974) termed 'tacit' knowledge and Reber (1995) describes as 'cognitive unconsciousness'. Both of these views identify a level of knowledge that informs practice but of which the person is unaware e.g. we might know that we recognise the face of a certain person as 'Mr Smith' but if asked to explain how or what we recognise, then we have difficulty as this knowledge is tacit or cognitively unconscious. Interestingly, the work of Benner (1984) and Dryfus and Dryfus (1980) explores the knowledge base of the 'expert' practitioner. They suggest that the actions of an expert practitioner occur in an almost intuitive way, without going through a conscious, problem solving approach. This intuitive knowledge base has a number of similarities with the concept of tacit knowledge. The similarity is the proposition that there is a level of knowledge that is below conscious appreciation.

The interesting point regarding this sort of knowledge and its relation to experiential learning, is whether it is accessible via reflection? It may be that what is happening could be described in terms of action science as, 'double loop learning' (Argyris, Putnam and McLain Smith 1985). This is the examination of actions not only within the context of the immediate happening, but also of that outside of our immediate awareness. The question to be addressed is one of what is meant by the 'unconscious' nature of tacit knowledge or the 'intuitive' nature of expert knowledge. Is it

unconsciousness in the Freudian 'repression' sense? That which is totally inaccessible to conscious thought, only to make its presence felt in symbolic dreams and 'Freudian slips' (Freud 1901/1960). Clearly, this is not the case in that Polanyi (1958/1974) identifies tacit knowledge as informing everyday actions. It appears that the level at which this form of knowledge rests is probably more at what psychologists would class as 'preconscious', (Atkinson et al 2000.194) rather than unconscious.

Preconscious knowledge is that which is not immediately in our conscious thought, but can be brought into consciousness by internal reflection. Thus we are not routinely aware of the knowledge base and rules that enables us to drive a car, but can draw them into consciousness if required to do so. Is there a similar cognitive positioning of knowledge at this preconscious or at a possibly deeper consciousness level, which informs expert practice, but of which once established, we are not routinely aware of?

Benner (1984) makes the point that an expert practitioner will not easily be able to explain the rationale for why they performed a skill in a particular way. However, a student working with this expert will learn elements of that skill even though they might not have been given a detailed explanation of the underpinning rationale. This is what Lave (1988) terms 'situated' learning. It has connections with problem based learning but it emphasises the contextual culture of the activity. The learner becomes involved in what Lave terms the 'community of practice', with learning happening almost unintentionally.

If there is a cognitive positioning of such knowledge that is below the level of conscious appreciation, then the interesting question from an experiential learning perspective is: how accessible is it? If it is truly at a 'Freudian' unconscious level, then by definition no amount of reflection will elucidate the rules and conditions that govern that aspect of behaviour. However, if that sort of knowledge is at a preconscious or sub-preconscious level, then reflection may help identify the rules and conditions under which expert practitioners operate. Thus, even 'expert' practitioners should be able to develop and learn as a result of reflection, provided they can or are assisted in accessing the level of tacit knowledge. The problem here is that they may be experts in their field of clinical practice, but not experts in the skill of reflection. The one point of certainty that we can draw from this debate is that there are skills and actions that once mastered, we perform with relatively little conscious

thought, e.g. riding a bike or putting a patient at ease. It is argued, that much of this type of knowledge is 'situated' knowledge which is learnt implicitly (Ryle 1994), as opposed to the more explicit form of teaching which clearly identifies what it is that is being learnt.

Experiential learning, which by definition within this thesis is the coming together of experience and reflection, has the potential to tap into the preconscious and possibly sub-preconscious, moving the person from single loop learning into double loop learning. Thus, reflection is a key part to accessing that deeper or hidden tacit knowledge. However, experiential learning is also about the interaction of reflection with experience; the holistic experience of the person. Thus, the person does not just reflect abstractly about how they ride a bike, they would have to be on the bike and experiencing the ride. This combination of the experience and the reflection coming together possibly re-exploring and tapping into a deeper tacit knowledge, would seem to be another perspective on why experiential learning is valued by its practitioners in helping people learn those areas of knowledge that are not easily taught by the cognitive teaching styles.

What then constitutes experiential learning? The outcomes of experiential learning appear to be diverse; ranging from the acquisition of a new skill or personal development through to social consciousness raising. However, at the heart of experiential learning lies the Deweyian concept, that it is the combination of experience plus reflection that results in learning. Subsequent authors have indicated that the quality and nature of both the experience and the reflection will have significant implications for the learning. So is experiential learning a theory in the way that cognitive and behavioural learning theories are conceived?

Is Experiential Learning a Theory?

A theory is a way of explaining some segment of the empirical world: an expression of a perception of a part of that world (Dubin, 1978). Theories collect together ideas and usually propose some form of relationship between them. A theory may be developed in two ways: findings from research may be organised so that they best

explain the empirical world, or the theorist may use abstract reasoning to explain a phenomenon (Burns and Groves, 1987). There is a difference between a theory and a fact. Theories postulate explanations whilst facts state proven truths. Facts, in scientific terms, are the result of studies that have shown, usually on repeated occasions that a relationship exists between certain variables. Certain aspects of the empirical world are more conducive to the collection, organisation and proof of facts - this is normally the reductionalist approach of the physical sciences (Henwood & Pidgeon, 1993). However, the transposition of this simple linear logic to the social and educational sciences is not automatic. Filstead (1970) identified those who measure everything and understand nothing, stating that some social scientists appear to equate test of reliability as confirmation of validity. The complexity of the social and educational world often means that there is not a simple $A + B = C$ linear relationship that can be theorised, tested and proved (Suchman, 1967).

"No event has a single cause and each event has multiple effect."

(Suchman, 1967. 84)

In the educational sciences, the learning theories that fit most comfortably with the reductionalist paradigm fall within the behaviourist approaches. Here the work of Thorndike (1928) 'trial and error', Pavlov (1927) 'conditioning' and Skinner (1951) 'operant conditioning' have all been exposed to 'scientific' experiments which have developed and formulated the resulting facts. 'Man' is according to Skinner, a complex machine in which current behaviour is the result of previous reinforcement of the same behaviour. Whilst there are a number of problems and limitations to this theory there is also a great deal of evidence to support many of the claims of the behaviourists (Jarvis, 2004). Thus, the behaviourist theory of education has a theoretical stance which is supported, to a certain degree, by empirical testing.

Similarly reductionalist, although to a lesser extent, are the cognitive educational theorists who try to connect how the brain functions with how the person learns. Piaget (1929) developed a theory of cognitive development based upon a combination of 'borrowed' biological development theory and empirical research on perceptual development in young children, resulting in optimal stages for learning. Ausubel, Novak & Hanesian (1978) focus on the importance of meaningful connections for learning to occur; Brunner (1979) believes that learning is a matter of internal self motivating discovery and Gagne (1977) focuses on memory and how new learning is

processed. Some of these ideas are easily subject to empirical testing, in particular those concerned with perception and memory. Other aspects, such as how the various cognitive ideas interrelate, are less easily tested.

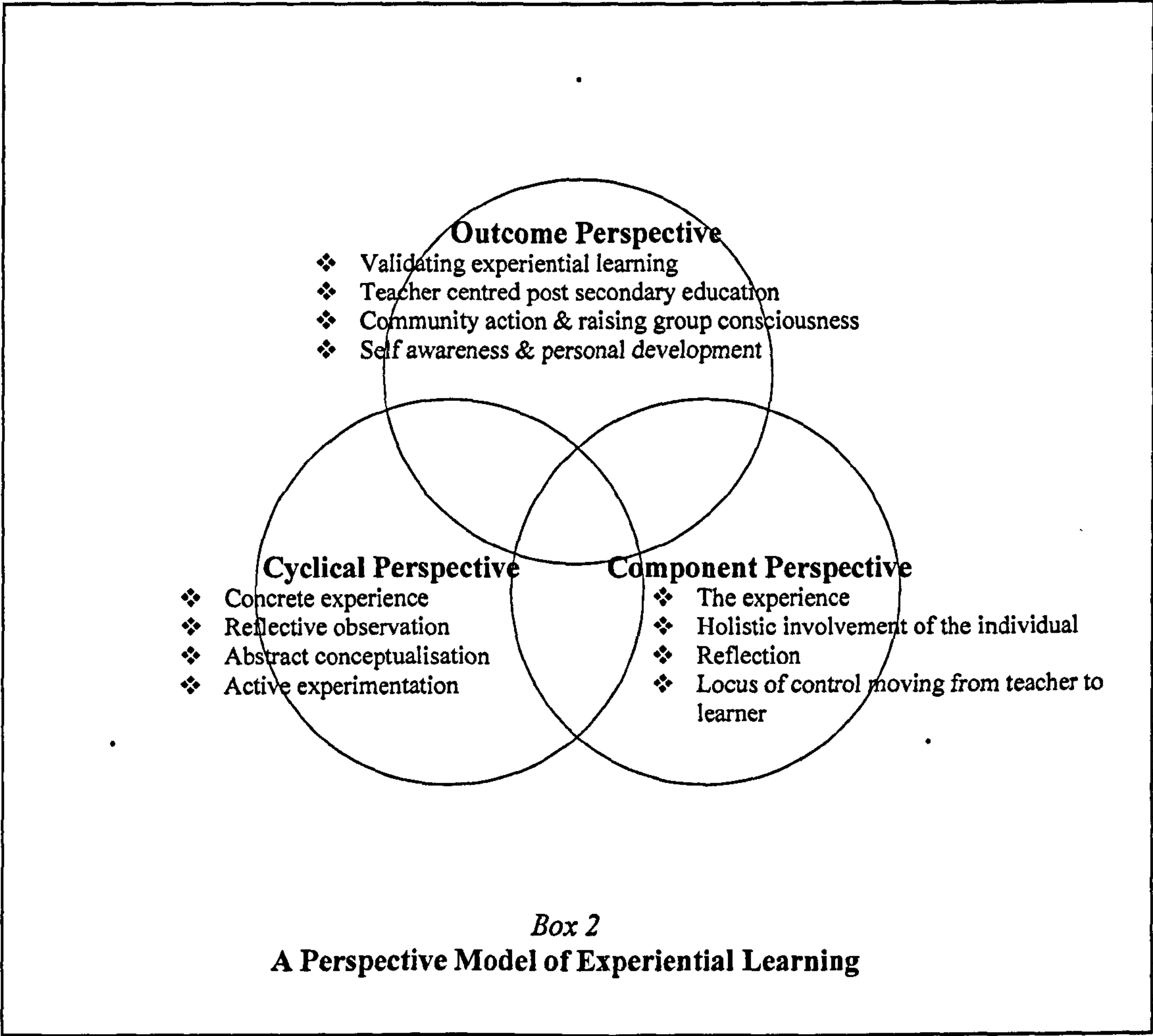
The third commonly cited educational theory is that of 'social learning'. Social learning theory has its 'scientific' routes in behaviourist theory but emphasises the importance of social role models as the reinforcers in the learning of social behaviours (Bandura, 1969). Bandura has shown via empirical work, that many behavioural patterns that we exhibit have been acquired through observing and copying others.

One of the most popularly quoted authors of experiential learning, is Kolb and his experiential learning cycle – four stages (Kolb, 1984). However, as previously discussed there are others that claim three, five, six and seven stages. Does this imply that there are several slightly different theories of experiential learning? If so how does this relate to a single theory that can be tested?

The conclusion of my conceptual analysis was that at the heart of experiential learning, the combination of experience and reflection resulted in the potential for learning. Variations in the quality and nature of the experience, and level of reflection, influence the type and depth of learning. This is similar to the other theories of learning; each had a basic proposition regarding the nature of learning. However, in the other 'traditional' theories of learning, the propositions were to a large extent underpinned by empirical research, which lead to the development of the learning theory. It is here that experiential learning differs in that there is not a discrete research base from which the theory developed. The development was more from a philosophical perspective, with some educationalists recognising that existing theories did not capture the holistic nature of the learning process. Experiential learning is therefore a philosophy of learning which contains a number of theoretical assumptions and beliefs regarding education.

Conclusion

Despite the wealth of literature on experiential learning, there appears to be little attempt within the academic literature to analyse the concept of experiential learning. To enhance its analysis, I developed an analytical framework to examine experiential learning; this was a component (content), cyclical (process) and village (outcomes) model See box 2 for summary.



I then undertook a conceptual analysis which identified experience and reflection as key aspects that underpin experiential learning, with the acknowledgement that the quality and nature of the experience and reflection will have considerable influence on the experiential learning process. The final part of this chapter examined what constituted a learning theory.

Does experiential learning fit as a learning theory in the same way that the more traditional learning theories do? There is clearly an extensive body of literature that supports a variety of experiential learning practices. Despite there being 20 years since the publication of Kolb's classical work, there appears to have been little innovative development in the theory or application of experiential learning. The more significant developments have been in the recognition of the importance of corporate bodies becoming 'learning organisations' not just at an individual level (Argyris & Schön, 1978 & 1996; Pedler, Burgoyne & Boydell, 1997). A number of recently published educational textbooks (both nursing education and general education) contain details of experiential learning approaches based upon Kolb's original work of the 1980's (Quinn, 2000; Nicklin & Kenworthy, 2003; Illeris 2002; Jarvis, 2004). There is thus a considerable body of knowledge and experience, which acknowledge the significant learning that occurs as a result of reflection upon experience. Does this justify it being classed as a learning theory and if so what is it stating?

It is surmised that experiential learning is a philosophy of learning which encompasses the traditional learning theories but emphasises that the source of the learning material can be from experience, as opposed to the more traditional view of classrooms and lectures. In terms of a learning theory, it is not a reductionalist theory as none of the literature attempts to identify what specific bit of the experience it is that stimulates learning, nor of how the brain processes it. It is however a learning theory which is holistic in nature - which I would now define as,

'Experiential learning is the learning which results from the coming together of experience, of a certain quality, with meaningful reflection'.

However, experiential learning has become an umbrella term for the more informal, non institutional based learning and as such, has lost a precise definition and theoretical underpinning. This has resulted in a 'fuzzy' encapsulation of the term. In the next chapter I will explore how the philosophy of experiential learning has influenced my teaching as evidenced in my publications. Also the validity of the definition of experiential learning as described above will be debated.

Chapter Four

Application of Experiential Learning to Nurse Education Based Upon my Publications

Introduction

In the previous chapter I developed a perspective model of experiential learning (pg 38) based on three categories: learning outcomes, component approaches and cyclical stages. This model will now be used to analyse the experiential learning nature of my publications.

Initially the publications will be categorised according to Warner Weil & McGills (1989a) four 'villages' which falls within the learning outcome perspective, as described in chapter three. The publications contained within each 'village' will then be analysed from a:

Component Perspective:

- the learning experience
- holistic involvement of the learner
- reflection
- locus of control

and a Cyclical Stage Perspective:

- concrete experience
- reflective observation
- abstract conceptualisation
- active experimentation

The first point to note in using Warner Weil & McGill's four villages categorisation is that village two – 'post secondary education', could potentially contain all of my publications, as all nurse education falls into that category. I have therefore made a slight refinement of the village two criteria to focus it on the more traditional teacher centred approaches, e.g. classroom based teaching. Thus the village two criteria will now read: The role that experiential learning might have in *teacher centred* post secondary education.

A second point is that some of the publications fall into two categories. Although the categories provide a broad segregation, the criteria as stated, are not mutually exclusive.

**Validating Prior Experiential Learning As A Route Into Higher Education,
Employment Or Professional Bodies - Village one**

Relevant publication - Fowler (2005b) 'What are CAT points and APAs?'

Despite having a role within De Montfort University of 'Post Registration Nursing APA coordinator' for many years, I have published only one brief article on this subject. The purpose of this article was to provide simple and concise information regarding the structure of modular degrees, credit points and to disentangle some of the jargon that has developed around the subject of accreditation of prior achievement (APA). The article was written for a book entitled, 'Staff Nurse Survival Guide' whose aim was to provide factual information for the busy, newly qualified nurse.

If APA is viewed from a 'component' experiential perspective, summarised in the previous chapter: 'the learning experience', 'holistic involvement of the learner', 'reflection', and 'the locus of control lying with the learner', then it is the accreditation of prior experiential learning (APEL) which is of particular significance as this relates specifically to the non validated aspects of learning. It is via this method that the non traditional learning experiences have the potential to be accredited into the higher education system. The second component, 'holistic involvement of the individual' is also fairly clearly identified within APEL. The majority of APEL claims involve practice based experiences that involve holistic involvement certainly of mind and body, and in most nursing situations the emotions are also involved. The third component, that of 'reflection' must also be present as the evidence of learning is, required which requires documentation nearly always based upon reflection. The final component, that of 'the focus of control being with the student' is also apparent as the student's basic claim is that this is not the traditionally taught approach to academic study, but knowledge gained through experience and self directed study. Thus the four components of experiential learning: experience, holistic involvement, reflection and focus of control, are clearly evident within APEL.

From a cyclical analytical perspective, the APEL process is one which draws upon previous actual experience, usually over an extended period of time, which has already resulted in some form of learning. The person's initial experience has often lacked a formalised structure, which imposed reflection onto the practical learning situation. Although some reflection may have occurred this may have been relatively superficial. Abstract conceptualisation is often limited at the time of the experience. However, when the person enters into an APEL exercise, for the purpose of validating that learning, they are required to reflect upon the experience in a meaningful way. It is during the APEL process that the student undertakes formal reflection, abstract conceptualisation and subsequent documentation of these thought processes. This means that an essential step within the cyclical approach, that of abstract conceptualisation, which may be missing from the initial learning experience, is undertaken during the APEL process, resulting in a more structured and possibly deeper form of learning. A similar situation can occur with the active experimentation stage of the cyclical process.

Although my experience of conducting APA is considerable, the single publication in this area was written to give simple factual information to practising nurses and does not provide the necessary material for greater analysis. It would be an interesting study to examine nurses' knowledge following a particular clinical experience compared to a similar experience that had been formally reflected upon and written up for APA accreditation. From my experience of tutoring students undergoing APA they frequently say that they 'never realised that they had learnt so much from their prior experiences until they came to write it up'. This 'realisation' of learning may be due to the process of reflection and abstract conceptualisation that is required in the writing up of the experience. It may be that the writing process somehow changes the experience (Moon 2004) or it may be that the cognitive organisation of thoughts required for writing assists in structuring knowledge within the brain (Ausubel, Novak & Hanesian 1978). A simpler explanation may be that in order to complete the required written work, the student resorts to revisiting text books to provide rationale for their written evidence. From my experience, this latter more cynical explanation may have some truth, but does not fit with the students almost 'eureka or gestalt' type

learning experience, which is evident in many students when they are discussing their APEL claim.

It is therefore surmised that many nurses develop considerable knowledge based upon practical experience. If they are subsequently asked to produce evidence of this learning in a reflective, written and structured way, then their learning is enhanced. It could therefore be postulated that the practical experience that is part of the nurse's standard role, is not routinely reflected upon in terms of abstract conceptualisation and active experimentation resulting in much 'practical knowledge' (Jarvis 2004) remaining cognitively unstructured. It is for this reason that the practice of clinical supervision for nurses, which aims to combine a learning, monitoring and supportive process (UKCC, 1996; Butterworth, 1998; Fowler, 1996) by using reflection as a key principle of the supervisory relationship (Fowler & Chevannes, 1998), forms a significant part of my work and publications in recent years. This will be discussed in the 'village four' section of this chapter.

The Role That Experiential Learning Might Have In *Teacher Centred Post* Secondary Education – Village two

Relevant Publications

The publications that fall within this village demonstrate my ongoing exploration of how the principles of experiential learning can be applied to traditional teacher centered learning. I have applied the principles of experiential learning to nurse education in a number of varied ways and they are categorised as follows:

- Case studies (Fowler 1981, 1994a, 1995)
- 2 dimensional games (Fowler & Abinett, 1984; Fowler, 1985, 1985a, 1985b)
- Role play (Fowler, 1992; Fowler & Rigby, 1994; Fowler, 2005c)
- Fables (Fowler, 1987)
- Textbooks (Fowler, 2003).

As with 'village one', these will be reviewed according to their 'component approaches' and 'cyclical stages'.

Case Studies

Fowler (1981) The Ups and Downs in the Life of Betty.

Fowler (1994) A Welcome Focus on a Key Relationship

Fowler (1995) Taking Theory into Practice.

It should be noted, that these case studies are being reviewed from the experiential learning effect they potentially have on the reader, not on the learning demonstrated by the writer. The first case study was published over twenty years ago when I was working as a community psychiatric nurse. It clearly identifies and describes my experience as a community nurse, visiting and developing a professional nursing relationship, with one patient. Self reflection is evident but limited and there is no reference to other supporting literature. This is partly due to the academic culture of the day and requirements of case studies published by the Nursing Times at that time. Case studies were meant to be interesting accounts (almost stories). Interestingly, as the academic underpinning of nursing began to develop in the 1980's, this sort of descriptive case study largely disappeared from the professional journals. The trend was for case studies to be structured using a problem solving 'nursing process' (Roper, Logan & Tierney, 1980, 1981) style and written using a particular nursing model, if they were to achieve academic respectability! This trend is only recently being challenged. Whilst this article demonstrates experiential components of experience and some reflection on the part of the writer's own thinking and learning it does not require reflection by the reader. For the reader, it provides a 'taste' of the experience but it does not encourage reflection in the mind of the reader.

The second example of a case study was published 13 years later. By this time I was an established teacher and the case study was written specifically as a learning tool for others. At the request of the journal it was published in two parts. The article intended to examine Peplau's nursing model (Peplau, 1988) and its congruence with the work of Murray Parkes (1986) and Kubler Ross (1973) in terms of palliative care. The first part provides the reader with a fairly traditional overview of Peplau's work and a comparative analysis regarding its relationship to two key authors on palliative care. This, in terms of the experiential components, provides the reader with a certain amount of text book knowledge. The second part of the article, which was published in the subsequent month, attempted to induce reflection in the mind of the reader. This was attempted by translating the theoretical principles of the model onto a patient care

study. In terms of the experiential components, it provides more of a vicarious experience for the reader to draw upon, thus assisting in the application of a theoretical model to practice. It encourages a degree of academic debate of the model and its congruence with the philosophy of palliative care. From that perspective it produces quite structured academic reflection which is controlled very much by the direction of the writing. However, it does little in terms of the third component of experiential learning, that of the focus of control lying with the student. If used in the classroom, then suitable open and reflective questions could be given to the learner or groups of learners to encourage greater reflection, than the article as it stands provides.

In terms of experiential cycles, the case studies provide a vicarious experience rather than a concrete experience (Kolb, 1984) and although possibly encouraging a degree of reflection, this would be generally fairly superficial in the mind of the reader. The case studies may encourage some form of theorising or abstract conceptualisation on the part of the reader and this may result in the reader experimenting with, in this case, Peplau's model in their own practice. However, the presentation of the material in terms of engaging the reader in reflection and then prompting analysis does not really occur.

It can be concluded therefore, that case studies as they are presented here do not fall fully within the family of experiential learning as defined by the conceptual analysis as they promote little reflection in the mind of the reader and the locus of control lies predominantly with the author. They could however, be useful tools in providing vicarious experience for learners but this would then need to be supplemented with questions or activities that encouraged reflection and analysis. This could be done via guided discussions in the classroom or reflective questions to accompany the case studies. One way that I have attempted to develop greater reflection and thus completion of the learning cycle, is via a 'gaming' approach. This will be described in the next section of 2 dimensional games.

2 Dimensional 'games'

Fowler & Abinett (1984) Juggling the Rota.

Fowler (1985) One for You, One for Me.

Fowler (1985a) A Game of Patients.

Fowler (1985b) Learning to be a Ward Sister.

In the same way that the case studies provided the reader with a vicarious experience of actual nursing practice, so do these games. The experience is provided by short snippets of information or scenarios: the reader is then presented with additional or changing information and asked to solve various problems. The first one, 'Juggling the Rota', focuses on planning the 'off duty' rota for a group of nursing staff. The 'game' could be undertaken individually although greater discussion would occur with learners working in small groups. The scenarios include a number of points for thought, reflection and discussion. The second and third publications, 'One for you one for me' and 'A game of patients' simulates the prioritisation of patients and their allocation to appropriately qualified staff and bed allocation. There are no absolute right answers, it is the reflection and discussion that occurs within and between individuals that is important. Again points for thought and reflection are included.

Analysis of these games from an experiential component perspective demonstrates that they cause the learner to draw upon their previous experience. Unlike the case studies, they do not contain a detailed vicarious experience. The games would be fairly meaningless to someone who had little practical experience of nursing. They do however encapsulate previous concrete experience by the use of short information packages or scenarios. They therefore make the link between the learners' previous experiences and their current situation, which will very often be a classroom. They then immediately engage the learner in reflecting upon previous experience and incorporating into that the new information or problems presented in the 'game'. If this is carried out as part of a small group, then the interaction and discussion is increased. This is a considerable increase in terms of reflection than was seen with the case studies. The third experiential learning component, the locus of control lying with the learner, is present to a limited degree. The learner is directed largely by the

structure of the game, each of which is specifically designed to focus the thoughts and reflections of the learner in a specific direction. Within that general direction e.g. 'planning the off duty', the student is free to explore the subject in different ways, but is generally under the guidance and control of the person implementing the game.

From an experiential, cyclical, stage analysis, the 2 dimensional games demonstrate the utilisation of prior concrete experience. The game activity provides the reflective observation stage. Subsequent points for thought and conclusions should lead the learner to forming a degree of abstract conceptualisation, or possible ways of applying theory to practice. The fourth stage of Kolb's cycle that of active experimentation, is also present, albeit in a limited and simulated way. For example in the game that requires prioritisation and allocation of patients (Fowler, 1985), the learner may end up with 6 patients to fit into 3 beds. This will cause the learner to further reflect, devise another strategy, attempt to implement it and observe the consequences. Thus, in a simulated way, all stages of the 4 stage Kolb cycle are achieved.

The three games discussed above were written for the practising clinical nurse and published in the appropriate journal, 'Nursing Times'. The fourth example 'Learning to be a Ward Sister', was written for nurse educators and published in 'Nurse Education Today', a lecturers' journal. The article posed the question:

"can experiential learning methods be used in a two-dimensional setting, creating the drama within the student's mind using only the written word?"
(Fowler, 1985. 231).

This publication does three things in addition to the previously discussed games. Firstly, it presents to the nurse educationalists, the underpinning rationale regarding the need to teach leadership and management skills, and identifies the value of experiential learning techniques to do this. Secondly, it poses the question to the nurse educators, can this be done using two-dimensions as opposed to more traditional role play or standard lecture? It then presents a two-dimensional game, similar to the others cited.

Whilst these games have demonstrated how experiential learning principles can be used in different ways, particularly, in classes that contain 50 plus students, the richness of the live experience is missing. Although students can and do draw upon prior experience, it is often in a very cognitive way. In the analysis of the components of experiential learning, the literature identified that it was the holistic involvement of the learner with the experience, not just the experience that appeared important. This then leads to the next set of publications in this section which demonstrate the more active involvement of the learner, using 3-dimensional games or role play.

Role Play – 3 Dimensional ‘games’

Fowler (1992) The Use of Video Cameras in One College of Nursing.

Fowler & Rigby (1994) Sculpting with People – an Educational Experience.

Fowler (2005c) Nurse Consultations – Implementing the Learning Plan.

I have used role play periodically throughout my teaching career. The traditional use of role play involves students being given a scenario to act out (the experience) which is then used for reflection and discussion (reflection). The teacher set up the scenario, the learner having some degree of control as to how the experience progresses.

Although I have used this form of role play periodically throughout my career I have not published anything on the standard use of role play. The three published examples concerned with role play reflect my more unusual interests and ways of using role play.

The first of these articles which was published in 1992 was a small scale survey of the amount and type of usage a video camera was having within one college of nursing. It arose out of my interest and usage of the video camera during role play sessions with students. The study identified that the main use of the video camera was as a reflective tool, providing feedback following role play in interpersonal skill training. However very few lecturers felt competent to use it. The results indicated that the majority of lecturers lacked confidence in their ability to cope with the technical aspects of camera operation; they also lacked the imagination to see the camera's versatility as a reflective educational tool.

The second example, 'Sculpting with People – an educational experience' uses a technique more commonly used in family therapy to give insight into family dynamics. I have used it to help students learn about the effects of illness on the family, rehabilitation, coping with grief and a number of other sessions. It is a role play technique, involving the 'teacher' putting learners in various dynamic poses. The learners neither move nor speak, but then comment on their feelings. The poses are then changed, simulating movement in time and the participants are asked to compare this experience with the previous pose. This process is repeated between six to eight times. Used by an experienced teacher, it provided a less stressful session than traditional 'acting' role play. In terms of the experiential learning components it provides an experience that becomes very real to the learner. It is more than the vicarious experience of the 2 dimensional games, and although not a 'real / concrete' experience, it can be a very powerful one for the learner. Reflection also occurs as each learner is asked to reflect specifically on their character, both during and at the end of the session. The third experiential component, locus of control, is a mixture of the teacher, individual learner and the group dynamics. The rationale for this view is based on my experience of running a similar session many times, but each time the direction of the session varies with different students and different groups.

When this sculpting session is examined from the experiential learning cycle perspective, then there is clearly an experience, which although not the 'real' experience, provides many rich cues for the learner to draw upon and is to a large extent a concrete experience. Active reflection occurs, although this needs to be directed by the session leader, to ensure more than a superficial reflection and discussion. The third part of the cycle, abstract conceptualisation, relies to a large extent on the skills of the lecturer / session leader. The learner needs to be encouraged to draw meanings out of the experience and subsequent reflections. The fourth stage is the one that I feel is often missing from the more traditional use of role play. It is the translation of new skills from the classroom role play situation to the real clinical situation. Traditional role play often appears to have difficulty in enabling the learner to transfer those skills into the real world. Learners often appear to develop confidence and abilities in the role play situation, but do not seem to transfer these to the real world. It is for this reason that I use family sculpting as this encourages

insight and empathetic understanding and as such the translation of the role play experience to the real world.

The third example of role play techniques within my publications concerns the development of nurse consultations skills, for the extended role of nurse prescribing. This publication describes a series of workshops which take the learner from simple observation through simulated role play to actual clinical experience e.g. the GPs surgery, which is observed / videoed. I have described this process as 'graduated reflection' (Fowler, 2005c) and this will be discussed more fully in chapter 5. In this example the experience is increased through a series of workshops from vicarious observation of a video taped consultation through videoed role play, to observation of the learner's clinical practice. In terms of the experiential components the learner becomes holistically involved in a progressive way. This is similar to the reflective component which increases from: reflection on others, to self reflection. This series of workshops is very prescriptive and as such the locus of control lies quite strongly with the teacher. The series of role play based workshops provide a congruent fit with the experiential learning cycle. There is an experience, followed by reflective observation; this is then followed by the learner drawing out theories of interaction and consultation, the abstract conceptualisation stage. Having developed theories or strategies, the learner is then encouraged to take those skills into the clinical area and then review their use in a cyclical way. This is the first example of all the parts of the experiential learning cycle being identifiable in these examples of classroom based experiential learning examples. This is partially due to the fact that it is a series of workshops and that there is a specific focus for the learning outcomes of the workshops. The workshops are designed to teach a specific skill, that of patient nurse consultation for the purpose of diagnosis and possible prescription of medication. Additionally the workshops take the learner from a classroom experience through to application in their own clinical practice.

These examples identify a significant difference between using the component and cyclical perspectives to analyse my publications. The emphasis that the component approach put on the locus of control lying with the learner is not evident with the cyclical analysis. It could be surmised that the cyclical perspective takes a more

teacher centred view of experiential learning and the component perspective a more learner centred approach.

Fables

Fowler (1987) Sister Vision's Dream.

Fables are rarely seen within the nursing literature, but in my opinion they have the potential to communicate profound truths, e.g. *Animal Farm* (Orwell, 1954). In my publication I was attempting to capture something of the experience of visionary leadership (Nanus, 1992) and change management. The essential features of leadership appeared to be: vision, and the ability to communicate it (Bennis, 2000). As a teacher, I wanted to give the student some understanding of the way that a 'vision' for an aspect of nursing care could develop, how it could become part of the emotional being of the person and become a strong motivating and driving force in terms of change management. Management theories can be written down and read, but I felt this was not appropriate for the subject of visionary leadership, particularly to young inexperienced student nurses. From the perspective of the components of experiential learning, I wanted to create on paper, for use in the classroom or in a journal article, the holistic involvement of the learner. I therefore wrote a fable, a story of a ward sister entering a new ward, seeing it how it was and then picturing a vision of how it could be. It contained points for reflection in a more integrated way than the bullet point boxes of the 2 dimensional games; this reflects the more narrative nature of the fable. It is difficult to say whether the third experiential component, that of the locus of control lying with the student, was present or not. At one level, the fable is quite teacher centred, pointing the learner in one direction. However, fables have the potential to allow different people to see different images. Thus the student, particularly the one just reading it as a journal article, could interpret the fable from their own locus of control perspective.

When analysed from an experiential learning cycle perspective, the fable provides an experience which although not a 'concrete' experience has the potential to engage both cognitive and affective aspects of the learner. The style of writing and questions posed prompt reflection. This could possibly lead to abstract conceptualisation or at least the generation of ideas in some readers' minds. What the fable does not do

however, is to prompt that new idea or theory into action; the active experimentation stage. Although some of the readers may have been inspired to try something similar, and this would be an interesting topic for further research. It is difficult to see how this active experimentation stage could be achieved for the majority of the students without some form of direct contact with the learner, which encouraged them to take action regarding their thought processes. This published fable, although only one example, provides an interesting and innovative way of using experience and reflection to encourage learning in the mind of the reader, without any direct input from the teacher.

Textbook presentations

Fowler (2003) Supporting Practitioners in Giving High Quality Care.

Text books are possibly at the opposite end to the accepted understanding of experiential learning. Although I value the experiential approach I also value the place of the more traditional collection of theoretical ideas well packaged in textbooks. I also believe that it is possible to incorporate some of the components of experiential learning into textbooks. In the introduction to the chapter 'Supporting Practitioners in Giving High Quality Care' (Fowler, 2003) I state:

"This chapter presents you with three approaches to providing support: mentorship, preceptorship, and clinical supervision. At times it will ask you to reflect upon your previous experience of giving or receiving support and to identify areas of good practice or issues of concern. At other times you will be introduced to new ideas based upon theories or current research. You will be encouraged to explore how these ideas relate to your clinical practice. Finally there are a number of scenarios that present you with real life situations to explore; you will be asked to identify the issues within the scenarios and suggest a possible way forward" Fowler, 2003. 391

Whilst this is similar to a distance learning approach, I would argue that my example attempts to create scenarios of experience in the reader's mind, whilst distance learning need not necessarily draw upon previous experience. From an experiential component analysis, this publication demonstrates the use of the learners' previous

experience and the use of scenarios to present a 2 dimensional experience. There is far more interaction required from the student than is seen in the more traditional textbooks. However this is not holistic involvement as in real life experiences. The third component, that of the locus of control, is largely directed by me as the author, although the learner has a degree of freedom to explore the issues raised, according to their own interests and learning needs. From an experiential cyclical approach the chapter demonstrates how it draws upon the readers' concrete experience as well as providing a scenario based experience. The reader is required to actively reflect upon the experience and at specific points encouraged to formulate plans which develop ideas for use in practice, thus active experimentation is demonstrated, but this is limited.

It can be concluded that this publication demonstrates a far more interactive, experiential approach than some of the examples given in the previous sections. One of the principal reasons for this is that the chapter was written specifically for learners who would have no contact with me, in terms of traditional teaching. It was written with a specific purpose of 'teaching' the readers. The other significant difference with this publication is that I was allowed a greater wordage (7000 words) than is allowed for journal articles (usually 2-3000 words). Thus, it is possible to produce a textbook which draws heavily on the principles of experiential learning without losing the more traditional aspects of a textbook e.g. the collection of new knowledge for the learner. This example demonstrates the importance of incorporating new ideas and knowledge onto the learners' previous knowledge and experience, and the importance of encouraging reflection and application to practice.

Conclusions from village two publications

The publications grouped within village two (case studies, 2 dimensional games, role play, fables and text books) have demonstrated that it is possible to use the principles of experiential learning in far more innovative ways than is seen in the standard literature on experiential learning. There is definite evidence from the above examples, that the components of experiential learning can be applied in traditional classroom situations, and also by simply using the written word. Analysis from a cyclical approach has generally demonstrated that the first three stages; experience, reflection and abstract conceptualisation, can at least partially be met. The difficulty

comes with the learner then moving that onto active experimentation, although the publication on 'Nurse Consultations' (Fowler, 2005c) demonstrates that even this is possible given the freedom to develop a programme of study. An interesting point to debate is the quality of the experience provided by these examples. In many cases, this is a vicarious experience or encouragement of the learner to draw upon past experiences. The more traditional view of concrete experience within experiential learning, is the use of the live experience, either when it is occurring or shortly afterwards. This live experience is referred to in the literature as the holistic involvement of the learner (Murgatroyd, 1982) and is obviously lacking in the examples discussed in this section. Whilst I would agree that the richness of the live experience cannot be matched by the vicarious examples given in the written word, it should be noted that the learner may spend many hours in the live experience situation, without the appropriate learning experience happening at a convenient time e.g. unpredictable learning events, such as cardiac arrests. I would therefore conclude that whilst these examples may not provide the richness of the experience, seen in more traditional experiential learning examples, they do provide examples of ways of packaging specific topics that might be required for learners. This is particularly true for professionally validated courses such as nursing, which at times have to condense a learner's experience into prescribed periods of study.

Raising Group Consciousness And Community Action – Village three.

Relevant publication – Fowler & Dooher (2001) Clinical Supervision in Multidisciplinary Groups – Qualitative evaluation of clinical supervision using a focus group technique. Fowler (2004) Making Space for Reflection.

Whereas the focus of the other three villages is on the more traditional outcomes of learning usually of individuals, this village concept suggests that experiential learning has the potential to influence social action. I have not written specifically in this area, although one area of my work does have some impact regarding the raising of group consciousness this concerns 'group' clinical supervision. The publication concerns an evaluative study that I was commissioned to undertake on behalf of a community health service (Fowler & Dooher, 2001). This was an evaluative research study

relating to eight groups of staff who had met monthly for 12 months in a confidential and supportive way for the purpose of group supervision. The staff involved were reflecting upon their own holistic clinical experience and the locus of control lay with the individuals within the group. Thus all of the components of experiential learning were met. There was also evidence of the cyclical nature in that the experience was reflected upon, followed by the discussion of new ways of working and experimenting with these new ways. However, the more interesting aspect relating to village three is the acknowledgement within the evaluations, that there was evidence of individuals within the group feeling empowered to influence the wider organisational policies and practices.

"The general view was that clinical supervision was a genuinely supportive system in terms of dealing with difficult or new clinical situations. Reassurance, confidence building and empowering were three terms that were frequently mentioned." (Fowler & Dooher, 2001. 14)

The empowerment potential of clinical supervision is not something that has been overtly acknowledged in the clinical supervision literature. It is often commended as a supportive process, but not specifically empowering. This may well be a particular aspect of group supervision as opposed to the more commonly practised individual supervision. Following this evaluative study, I became interested in this empowering nature of group supervision, particularly for the profession of nursing, which despite its large numbers, wields relatively little power within the health service. Subsequently in 2004 I was commissioned by Leicester City West Primary Care Trust to set up a number of clinical supervision groups. In conjunction with the Trust staff I wrote the following outcomes:

- 1. To allow staff the time and opportunity to reflect upon clinical practice in a structured and supportive way.*
- 2. To enable staff to share good practice with colleagues.*
- 3. To increase the sense of empowerment for practitioners.*

The first two outcomes are standard outcomes that would be expected in the majority of clinical supervision practices. It is the third one regarding the sense of

empowerment that is more innovative. This outcome was included as a result of the previous evaluative study and is one that I am currently monitoring with specific interest. At the time of writing this thesis the groups have been meeting for nine months and 3 of the 6 groups have already demonstrated examples of empowerment.

This area of raising group consciousness and community action is an area that I have only recently begun to appreciate as a potential empowering tool for the nursing profession. Nurses constitute the largest proportion of the health service workforce, yet have a relatively small political voice. If this specific outcome of experiential learning could be encouraged and channelled, possibly via group supervision, then the voice of nurses and nursing issues might be more forcibly expressed in the national and political arenas.

The Effects Of Experiential Learning On The Individual In Terms Of Self Awareness And Professional Development – Village four.

Relevant publications:

Fowler (2005a) How Can I Develop my Professional Practice?

Fowler (2003) Supporting Staff in Giving High Quality Care.

Fowler & Dooher (2001) Clinical Supervision in Multidisciplinary Groups – Qualitative evaluation of clinical supervision using a focus group technique.

Fowler (2001) Using Clinical Supervision in Practice Development.

Fowler, Dooher & Chevannes (1998) ‘ Clinical Supervision – Fosse Health NHS Community – Pilot Site Evaluation.

Fowler & Chevannes (1998) Evaluating the Efficacy of Reflective Practice within the Context of Clinical Supervision.

Fowler (1998) Various sections within the ‘Handbook of Clinical Supervision’

Fowler (1996b) How to Use Models of Clinical Supervision in Practice.

Fowler (1996a) Clinical Supervision: what do you say after saying hello?

Fowler (1996) The Organisation of Clinical Supervision within the Nursing Profession: a review of the literature.

Fowler (1995a) Nurse’s Perceptions of Good Supervision.

Fowler & Rigby (1994) Sculpting with People – an educational experience.

The large numbers of publications that fall within this village reflect my particular interests in implementing and evaluating organisational systems which encourage reflection, self growth and professional development. Much of this work is contained within the concept and practice of clinical supervision, which has been described by the Department of Health as a process of professional support and learning which should encourage self assessment and reflective skills (DOH, 1993). In addition to the published work on clinical supervision, this section also contains a number of other papers on professional development and developing self awareness. The degree, to which the publications within this section fall within the umbrella of experiential learning, will be explored by examining the experiential components and cyclical stages as was done with villages one - three.

From a component perspective the nurse's concrete experience is the main focus of clinical supervision. They are expected to bring to supervision real clinical examples and reflect upon those experiences under the guidance of a more experienced person. The supervisor is rarely a teacher in the institutional sense, although as a qualified and senior nurse, will have undergone some post registration teaching qualification. The learner is holistically involved in the process as they are reflecting upon experiences that they have been physically and emotionally involved in. The locus of control lies largely with the learners as they are usually free to bring anything to the supervision sessions that they wish, although some models of supervision may be a little more directive particularly in the early stages of a nurse's career.

Viewed from a cyclical experiential perspective the practice of clinical supervision is an overtly cyclical process in which supervision is an ongoing structured process, usually on a monthly basis, in which one session develops from the previous one and leads into the next one. Concrete experience is reflected upon in a structured and potentially systematic way, under the guidance of a more experienced person. Depending upon the nature of the reflection and the needs and skills of the supervisor and supervisee, solutions to problems are explored; the abstract conceptualisation stage. Finally, and particularly important in the supervisory process, is that new ways of working are encouraged; the active experimentation stage. The extent to which the

full potential of the supervisory process is achieved, is dependent on a number of complex, interacting factors; a specific research interest of mine (Fowler, 1995a; Fowler, 1996; Fowler & Chevannes, 1998; Fowler & Dooher, 2001). Clinical supervision has the potential to act as a very powerful experiential learning process provided that sufficient time, training and support are provided to underpin the process. The practice of clinical supervision therefore demonstrates experiential learning as defined by the components and cyclical analysis.

The significant difference between these examples and those found in village two, the post secondary education section, is that the experience being reflected upon is centred in the learners 'here and now' clinical experience as opposed to the vicarious or simulated experiences. Whereas this has certain advantages, in that the experience is live and clinically valid, there are a number of operational difficulties that make the implementation of the reflective process problematic. When the experience and reflection is taking place in the controlled situation of a classroom, then there are relatively few distractions and the student can concentrate on the process of reflection and learning. However, when the experience and reflections occurs in the clinical practice area as part of the nurse's routine daily work, a number of other activities such as patient care and management issues compete for the nurses attention. Nurses experience considerable difficulty in prioritising and then safeguarding time for reflection even when formalised as part of clinical supervision. Experiential learning that is clinically based has a number of advantages, particularly when packaged in a structured system such as clinical supervision. However, the competing priorities of clinical work may interfere with the time and space for the reflective part of the cycle.

Discussion and Conclusions

I never set out at the beginning of my nursing / teaching / academic career to undertake a focussed study of the application of experiential learning to nurse education. However, as this chapter demonstrates, much of my published work is an example of both traditional and innovative applications of experiential learning to nurse education. These examples have been developed from reflections on my own teaching and an intention to explore and push forward traditional boundaries. This chapter has explored their congruence with the principles of experiential learning and

has demonstrated how a perspective model of experiential learning can be used to explore the strengths and weaknesses of a learning experience.

The four villages that were originally conceptualised by Warner Weil & McGills (1989a) to categorise the various papers submitted to the first international conference on experiential learning, were used to categorise my published works. When the publications contained within each village were analysed using the components of experiential learning and the cyclical stages, they demonstrated a considerable degree of conceptual validity with experiential learning.

The components identified in the initial categorisation analysis: 'the experience', 'holistic involvement of the learner', 'reflection' and 'the locus of control moving from the teacher to the learner', have been shown in this analysis to be a valid way of examining examples of teaching and learning. The usefulness of the component analysis approach as a developmental teaching model has also been demonstrated. The discussion on case studies in the village two publication is an example. The section that examined case studies concluded that if a reflective element was added or strengthened, then this would enhance learning from an experiential learning perspective. Thus, the component analysis identified an area of weakness in the learning process and identified ways of developing and improving a students learning experience.

A significant difference between the component analysis and the cyclical analysis approaches was that the component approach included emphasis of the locus of control moving from the teacher to the learner in experiential learning. This was not evident when using the cyclical analysis and led to the conclusion that the component approach took a more student centred perspective on experiential learning, whereas the cyclical process took a more teacher centred perspective. What then is the significance of where the locus of control lies? Is it a core component of experiential learning? The position of the locus of control was the subject of discussion in many of the examples discussed and was noticeably more teacher centred in the examples included in village two, 'the role that experiential learning might have in teacher centred post secondary education'. Was this because they were only partially using the principles of experiential learning? Would it be enhanced by moving the locus of

control more to the learner? Or is it possible for the teacher to retain the locus of control of the overall subject area, but allow the student to explore the application of the subject in a way that is significant for them, according to their own locus of control?

I would argue that the latter is an acceptable conclusion, particularly when the learner is a novice and has limited experience with which to focus their learning (see Jarvis 2004.252). The conclusion is that within a framework of experiential learning, it may be quite acceptable for the teacher to initially direct the learner towards a specific learning experience, but once there, the locus of control should move towards the learner so that they have the freedom to explore that experience in a way that is appropriate to them.

The above discussions demonstrate that the perspective model (pg 38) provides a valid and useful way of analysing experiential learning. The model would provide a teacher with a diagnostic tool for identifying gaps in the learning process and ways of developing teaching and learning. As an operational model it provides a framework for the teacher to reflect upon their teaching. Whereas this approach provides a reductionalist model which is useful and valid for analysing teaching, the definition of experiential learning I proposed in chapter 3 provides a holistic model which is more useful for conceptual recognition.

The definition of experiential learning that was proposed in chapter 3 provides a useful working definition which encompasses the essence of experiential learning.

‘Experiential learning is the learning which results from the coming together of experience, of a certain quality, with meaningful reflection’.

Whereas analysis of learning using the perspective model provides a useful reductionalist analytical framework, and identifies areas of weakness and development, the use of this definition provides a holistic summary of the core principles. This is important as the initial discussion on the literature on experiential learning identified lack of clarity as to what constituted experiential learning. This definition provides conceptual clarity of the core principles, stating simply, yet

comprehensively, what experiential learning is. This is important, particularly for the novice teacher, who needs to grasp the essence of experiential learning before exploring, applying and capitalising on its strengths.

Chapter 5

Research and Original Work

Introduction

My published works demonstrate competence in a number of different research methods. The publications chronicle a progressive enquiry underpinned by pragmatically appropriate research methods. Collectively, the work explores different experiential learning applications and can be viewed as a case study approach, exploring the subject of experiential learning within nurse education, from a holistic and longitudinal perspective: chronicled by systematic publications. Within this encompassing case study approach, two types of survey have been used: firstly questionnaires and secondly, face-to-face, semi structured interviews. The survey method captures a snap shot view of a particular situation, at a specific point in time. Finally, are the current projects that the author is undertaking which are specific action research projects. These involve the author acting as: researcher, educator, change agent and evaluator within an organisation.

Case Study Approach

The collection of my published works discussed in chapter four demonstrates a case study approach (Bowling, 1997; Fowler, 2001a) of the application of experiential learning to nurse education. It takes a holistic perspective: exploring, applying and documenting the application of some or all of the components of experiential learning to nurse education. Conclusions drawn from case studies give insights into what is happening in that particular situation. As I state in a discussion on the use of case studies,

“Their (case studies) strength, which is also their weakness, is that they allow human judgement to interact with a complex multi-variable situation, appreciating the holistic nature of the event as well as identifying possible quirks that may be influencing the situation”

Fowler, 2001c. 191

The analysis of my published works using the experiential perspective model, as discussed in chapter four, demonstrates a number of original applications regarding nursing practice, education and professional development. These are:

- The use of vicarious experience plus a reflective focus – fables, case studies and two dimensional games.
- Constructed experience plus guided reflection – sculpting.
- Reflection on prior experience – APEL.
- A structural process for combining experience and reflection – clinical supervision.
- Development of a model of clinical teaching.
- Development of a model of graduated reflection.

These are discussed in the second part of this chapter.

Surveys – questionnaires and semi structured interviews

In contrast to the more longitudinal case study approach, surveys provide a snap shot of a situation at a particular point in time (Bowling, 1997). In my publications there are two examples of surveys. Firstly is the use of questionnaires (Fowler, 1992; Fowler & Chevannes, 1998) and secondly is face-to-face semi structured interviews (Fowler, Dooher & Chevannes, 1998; Fowler, 1999; Fowler & Dooher, 2001).

Questionnaires

There are two examples of the use of questionnaires within my published works. The first is a study regarding the use of video cameras in one college of nursing (Fowler, 1992). As the target population was a defined community of 87, it was concluded that there was no need to develop a sample frame and all teaching staff were included in the study. A small pilot study established the validity of the structure and content of the questionnaire. The responses were analysed using simple descriptive statistics. The response rate was 72% making any results generalisable to the college population. However, as there was only one college involved in the study, and this was chosen as a purposive sample, then the results could not be generalised to the nurse education population as a whole.

The second use of a questionnaire was a larger scale study (Fowler & Chevannes, 1998) regarding the expectations of clinical supervision within one health authority (n = 1081). For the clinical supervision survey, a random sample was stratified according to employing NHS Trust and employment grade. However, as the clinical supervision questionnaire was undertaken as part of a course that the author was undertaking the regulations of De Montfort University mean that it cannot be part of this submission for PhD by published works. It will therefore not be discussed as part of this thesis.

Surveys – Semi structured interviews

I was formally commissioned to undertake an evaluation of an existing system of clinical supervision in one community health trust. This was undertaken under the jurisdiction of the Mary Seacole Research Centre of which I am a member. I was the project leader and engaged the services of a research assistant (Dooher) to assist with note taking and validation of the interview findings (See appendix one for testimonial from Dooher regarding the nature of his involvement in the research and subsequent publications). 10 group clinical supervision sites were visited and interviewed. The semi structured interviews were taped, transcribed and emerging themes identified. A formal report was produced on behalf of the Mary Seacole Research Centre (Fowler, Dooher & Chevannes, 1998) and an adapted version (Fowler & Dooher, 2001) was commissioned by Butterworth, Cutcliffe & Proctor (2001) for the research section in a book entitled 'Themes in Clinical Supervision'. In the editorial comments to this chapter Butterworth, Cutcliffe and Proctor stated:

...findings in this study lend support to our position that there is no one best way of conducting clinical supervision.across the wide variety of health care professionals who participated in this research, the benefits of clinical supervision was unanimously recognised."

Butterworth, Cutcliffe & Proctor (2001. 240)

Action Research

Action research involves a circular process of establishing a baseline evaluation, formulating aims and objectives together with a plan of action. The researcher then implements an educative programme and becomes an agent of change. The interim outcomes are then formatively evaluated; developments made and re-implemented

and outcomes re-evaluated (Hart & Bond, 1995. 37). Modern day action research has developed from its more positivistic and social management roots (Carr & Kemmis, 1986. 164) to one in which action researchers do not seek to find universal laws of social behaviour but emphasise participation, empowerment and development based upon reflective evaluation (Hart & Bond, 1995. 21).

I am currently involved in two action research projects. The first of these concerns developing and implementing a system of clinical supervision within one NHS Primary Care Trust (PCT) and the second is the development of an education strategy for all disciplines within a NHS teaching Primary Care Trust (tPCT).

The clinical supervision project commenced in June 2004. I was commissioned for 20% WTE to a NHS PCT to develop, implement and evaluate a number of pilot sites of group clinical supervision over a 12 month period. The project is currently (the 9th month) in the formative evaluation and re education phase of the work. The only published work to have been produced at this stage is an information flier which was distributed to all staff in the PCT to inform them of the work being undertaken; in addition an interim report has been produced for the NHS PCT Board (this is not in the public domain).

The second action research project commenced in January 2005 and involves a 60% WTE secondment to a teaching PCT for 12 months. The aim of this work is to develop an education strategy for all staff employed within the three PCTs within the teaching PCT. The project is (currently the 5th month) in its information gathering and strategy development stage. I am establishing myself as change agent within a large and complex organisation. I have written a short article for the news letter of the Leicestershire & Northants teaching PCT aimed at conveying information regarding the purpose of the project to all staff within the tPCT (approximately 2500 staff).

Methodological Perspective

In the physical sciences the logic of simple linear cause and effect is relatively fundamental to the way in which theories and laws are conceived e.g. $A + B = C$.

Whilst this may be appropriate for the physical sciences it is not always the most useful perspective for understanding the social and life sciences (Coveney & Highfield, 1995). I have never felt intellectually nor intuitively comfortable in adopting any single approach to research methodology when working in my particular field of nurse education. To limit one's thinking and action to one particular interpretation seems to me to misunderstand or devalue the complexity of the world in which we live. Collectively my work has evolved as a case study examining the use of experiential learning within nurse education. I have largely maintained a holistic and pragmatic approach, seeing myself as a practitioner who makes use of various research methods as a tool to develop educational practice. I see myself primarily as a practitioner of nurse education, seeking to reflect on my own practice and researching it in action, a reflective researcher (Schön, 1983).

Complexity theory

My underpinning rationale for taking a holistic, pragmatic and practitioner approach is that what is happening in experiential learning is not confined to explanations drawn from simple linear logic. Neither is the effect of experiential learning the result of a single causation, but one of multiple and contingent causation. This perspective I propose falls within the realms of chaos / complexity theory (1998. Byrne, 1998; Coveney & Highfield, 1995), which requires that a holistic approach be taken to appreciate, if not fully understand, the complexity leading to the subsequent order.

"Chaos theory, from which accounts of complexity have developed, deals exactly with non linear relations, with changes that cannot be fitted into a simple linear law taking the form of statement of single cause and consequent effect"
... ..The central point is that in this scientific usage chaos is the precursor of order, not its antithesis
(Byrne, 1998 . 5)

A way of appreciating complexity theory and the problems of decontextualisation is in the analogy of the whirlpool (Morgan, 1997). A whirlpool cannot be isolated from a river, it is part of it, yet its existence appears different. The whirlpool is a manifestation of changes and flux within a river. Therefore to examine the whirlpool we have to develop a picture of the underlying forces. Even then we have to acknowledge that these forces are not static forces but dynamic ongoing forces that recreate the whirlpool every second. You cannot understand the nature or forces

within a whirlpool by extracting a bucket of water from its centre and examining the water within the bucket and then drawing conclusions about the whirlpool. The whirlpool needs to be viewed holistically and contextually yet at the same time acknowledging the molecular properties of H₂O.

The need for a more pragmatic and holistic approach is further validated within the field of reflection and education by Ghaye (2000. 2) who talks about the need to consider the notion of “*multiple rather than a singular reality*” stating that we do not all see or understand the world in the same way. Experiential learning involves interacting multi variables that create complex patterns and situations. Ghaye (2002) argues that we need to build meanings within a cultural, historical, political and clinical context being cognisant of not only dominant realities but also dominant discourses. For me, as a practitioner, the exciting aspect of research is how the emerging knowledge fits with and can develop existing practice.

Action science

Action Science, which developed as a methodological stance from the work of Lewin and Dewey and driven largely by Argris and Schön (Brown, 2005), questions the Western thought that separates the two concepts of theory and practice and seeks to “*bridge these conceptual chasms*” (Argyris, Putnam & McLain Smith, 1985.1). Interestingly Ghaye (2002) identifies the discourse of technical rationalism (Schön, 1983) as one of the dominant discourses in health care and that has led to a perceptive separation of theory and practice (Ghayne, 2000). Action Science aims to take a holistic approach in the way it perceives and acts upon a situation. The way of bridging the theory practice divide is not by the application of one to another, but by the rejection of the notion that such a divide actually exists. Thus the concept of reflective researcher is operationalised by the practitioner who reflects upon practice, “*undertaken on the spot and immediately linked to action*” (Schön, 1983. 308)

As well as having a holistic, philosophical and methodological stance, Action Science has also developed as a science of practice, “*an inquiry into how human beings design and implement action in relation to one another*” (Argyris, Putnam & McLain Smith, 1985.4). My work can be viewed from two action science perspectives in terms of knowledge generation or what Friedman, Razer & Sykes (2004) term ‘actionable

knowledge'. First, is the actionable nursing knowledge generated in the minds and actions of the students, as a result of participating in the experiential learning techniques. Second, is the actionable, educational knowledge that has developed in me as a teacher. Both are examples of knowledge and theory being developed within and upon practice, by reflecting upon holistic experiences.

Summary of Original Work

1. The use of vicarious experience plus a reflective focus – Fables, case studies and 2 dimensional games

As discussed in chapter four: the use of fables as a source of vicarious experience (Fowler, 1987) within experiential learning; has the potential to capture inspiration and motivation and to communicate a holistic picture rather than a series of individual cognitive learning outcomes. The outcomes associated with fables do not fit easily into the standard educational language of content and behavioural outcomes, and this may be a reason why such holistic ideas do not appear more overtly in nursing curricula.

Similar sources of vicarious experience are found in the examples of the care studies, student text books and two dimensional experiential games (Fowler, 1981; 1984; 1985a; 1985b; 1985a; 1994a; 1995; 2003). These demonstrated the need to include reflective activities within the written word if experiential learning was to be enhanced. My published example within a text book showed how this could be achieved in a fairly conventional cognitive way, by the use of reflective points and questions. My published work on two dimensional games was evidence of more innovative approaches which had the advantage of simulating a greater holistic involvement of the learner.

I have demonstrated that vicarious experience can be substituted for the concrete experience more normally associated with experiential learning. Whereas the vicarious experience provided in these various examples does not have the richness of the lived experience they do provide a simulation of that experience. In nursing curricula, it is important that a nurse in training has experience of a certain clinical

situations. If for whatever reason these experiences do not occur whilst the nurse is on the appropriate placement, then the vicarious or simulated experience may provide a minimum reserve level. They may also provide an environment of safe practice prior to the exposure of the concrete experience.

2. Constructed experience plus guided reflection – Sculpting

In chapter four the importance of holistic involvement of the learner was discussed. When the learning environment is restricted to the classroom, holistic involvement can be achieved to some extent by the standard use of role play, but the technique that I have found most useful is that of sculpting. This is described in chapter four in the section on role play with the published example of Fowler & Rigby, 1994. The technique appears to involve the learner physically, emotionally and psychologically in ways that traditional role play does not. It also has reflection as an integrated part, which appears to make it a more powerful learning tool than the real concrete experience on its own.

My reflection on sculpting technique.

The powerfulness of this technique was reinforced to me when I recently met an ex student who was currently working as a District Nursing Sister. She had been part of a post registration student group to which I had been asked to conduct a session entitled, 'living with a chronic illness' and had used the sculpting technique to do this. Now, three months later, the student was commenting on how interesting and useful she found the session and how surprised she had been by the way that it had involved her and made her 'feel' the experience. She said that she had been describing the session to a group of friends and ended up demonstrating the technique to them. The interesting thing about this students comment was not so much that she remembered the session but that it had made such an impact upon her and motivated her, that she was talking about it subsequently in an evening to a group of non nursing friends. Interestingly at a similar time the module leader of that group asked me for a copy of the lesson plan and learning outcomes of that session (for quality assurance purposes). This proved difficult as my lesson plan consisted of two pages of stage directions!

Routine student evaluations of modules on which I have used this sculpting technique have demonstrated that students find this session interesting, thought provoking and

useful for their clinical practice. My above reflection, although subjective, indicates that this technique has still greater potential in terms of engaging students and helping them to integrate theory and practice. Thus, there is considerable potential for introducing and encouraging such techniques into nurse education, but there might be some difficulties in translating their objectives and outcomes into the more traditional reductionalist educational language of content and learning outcomes.

3. Reflection on prior experience – APEL

In chapter four in the section that examined APEL, it was concluded that nurses amassed considerable concrete experience during the course of their work, but this largely appeared to remain as practical experience, and the potential learning opportunity was not fully realised. If a nurse was subsequently required to formally reflect upon prior experience as part of an APEL process, incorporating abstract conceptualisation, then a greater depth of learning occurred or was consolidated. The implications of this are very significant, if nurses could be encouraged to reflect upon experience in a more systematic and ongoing way, then their learning and development would be enhanced which would benefit both themselves and patient care. It is argued that a systematic way of doing this would be through clinical supervision.

4. A structured process for combining experience and reflection – Clinical supervision

Much of my published work is a significant part of the increasing body of knowledge, on clinical supervision. It is reinforcing the potential for significant learning from prior and current experience, when reflection is included as a structural part of clinical supervision. The process of clinical supervision has the potential to provide a systematic way of combining concrete experience with reflection and abstract conceptualisation. Used strategically, within a nursing organisation, it could provide a powerful process of experiential learning, professional support and quality assurance. My publications have shown that such strategic and systematic implementation is often confounded by operational issues such as poor staffing levels, not being perceived of as important as compared to direct patient care - hence slipping down the

priorities of things to do. Much of my published work concerns ways of overcoming these operational problems and the practical implementation of clinical supervision.

A further area that I am currently monitoring is the possibility of group supervision to raise group consciousness and facilitate community action. This is a prediction from claims made for experiential learning from the work of Warner Weil & McGills (1989a) as discussed in chapter four (village three). I currently have little empirical evidence to support this claim, however the theoretical potential exists and I am currently monitoring this as part of the action research project on clinical supervision. If this does occur and it can be systematically and operationally exploited, then there exists the potential for the nursing workforce to influence the development of nursing policy and wider health care policy in a way that they currently do not.

5. Development of a model of clinical teaching

I was asked to contribute a chapter entitled 'Supporting practitioners in giving high quality care' in a text book on nursing practice. A significant part of the chapter concerned teaching and learning in the clinical area as opposed to the classroom environment. I used the work of Steinaker and Bell (1979) regarding a taxonomy of experiential learning as a foundation for framing a mentorship relationship. However I was aware that there was not an overall published model of clinical teaching that allowed the clinician to structure, locate and inter relate the different clinical teaching activities that occurred in clinical nursing. I had previously developed a model of clinical teaching which was part of one of my regular lectures for the post registration teaching and assessing course for nurses. During these sessions I had discussed and refined this model, validating with the qualified nurses the usefulness of this structure – it is this model that I published. The clinical teaching model I developed is based upon two intersecting continuums: that of; 'task centred' to 'patient centred' and 'planned activities' to 'ad hoc activities' (see Fowler, 2003. 401). This model allows aspects of experiential learning to be located in one of the four quadrants arising from the intersecting continuums e.g. In-service training and preceptorship fall within the 'task centred' and 'planned' activity; whereas debriefing falls in the opposite quadrant of 'patient centred' and 'ad hoc'. Thus, the clinician has an educational structure with which to assess current clinical teaching and identify any gaps and shortfalls. The strengths and weaknesses of the learning that occurs in each quadrant can be easily

identified (see Fowler, 2003. 402) and strategies can then be identified to maximise the strengths and minimise the weaknesses.

6. Development of a model of graduated reflection

A cursory study of the literature on reflection might leave the reader with the general impression that people either reflect upon experience or they don't. However in my experience this is not the case: in the same way that Steinaker and Bell (1979) describe a taxonomy of experience, I believe there is a taxonomy of reflection or graduated reflection model. This is documented in a chapter I was commissioned to write regarding the teaching of consultation skills for nurses who were undergoing advanced training which would enable them to prescribe medication. Based upon my experience and understanding of experiential techniques, I identified four constructs that appeared significant in the process and practice of reflection. These were (Fowler 2005c);

- 'The degree of involvement that the student has in the experience' – is it a vicarious experience or a lived experience? For the purpose of the consultation module this was translated as: who is the person performing the consultation – is it a stranger, a peer or the student?
- 'The subject relevance of the experience' – translated for the consultation model as; 'focus of consultation' neutral situation, similar to students, or actual practice.
- 'The tool of reflection' – discussion, observer feedback or video feedback.
- 'The student's behaviour' – observer, role play or real life.

As can be seen (Fowler, 2005c) I developed three deepening levels for each of the constructs. Each level was scored 1, 2 or 3. Adding together the score from each of the construct levels gives an overall graduated reflection level: ranging from a minimum of 4 to a maximum of 12 (this is an ordinal rating and not intended to be ratio).

The advantages of using a graduated model of reflection is that teaching and learning can be planned, so that reflection can be introduced and built upon as a meaningful way of learning. Rather than suddenly 'throwing' a student into role play, which often

causes stress which distracts from learning, the situation can be planned and managed in a much more structured way. Thus, in this example, the first workshop would be at the lowest level of graduated reflection e.g. the students observe a stranger perform a consultation and discuss it with peers; gradually increasing the level of reflection until finally moving to the full end of the reflection continuum: the student performs a real consultation in the clinical situation, which is videoed.

As with the clinical teaching model the graduated reflection model allows the lecturer to plan experiential learning in structured and meaningful ways.

Conclusion

The final conclusion to draw from this chapter concerns the advantages that experiential learning has to offer over the more traditional approaches. Nursing is a practice based profession, and much of the nurses' knowledge is gained from and needs to be applied to practical experiences. This is cognitively congruent with the theory of experiential learning which combines theory and practice.

Nursing is becoming increasingly an evidence-based profession. Competent nursing practice requires continual professional development if the practitioner is to remain clinically competent. Whereas updating courses are important, the principles of experiential learning have the potential to form part of a strategic education policy, in which nursing staff routinely reflect upon and develop their practice.

I propose that experiential learning should take a far more prominent place in the curriculum design of nursing courses than currently exists. Nursing is a practice based profession that should be underpinned by a practice based educational theory. My work has demonstrated that the principles and techniques of experiential learning are not only useful, but powerful approaches to helping nurses learn their craft. Both of the models I have developed, clinical teaching and graduated reflection, offer direction and structure to individual teaching sessions and curriculum development.

The final chapter of this thesis will draw together and attempt to synthesise the use of experiential learning within nurse education.

Chapter Six

Integration & Synthesis

Introduction

Throughout my published works and within this thesis, I have explored theories, ideas and concepts, attempting to organise, structure and, at times, refine them into useful working models. The models and ideas that I have developed are examples of my own experiential learning, an example of ‘actionable knowledge’ (Friedman, Razer & Sykes 2004).

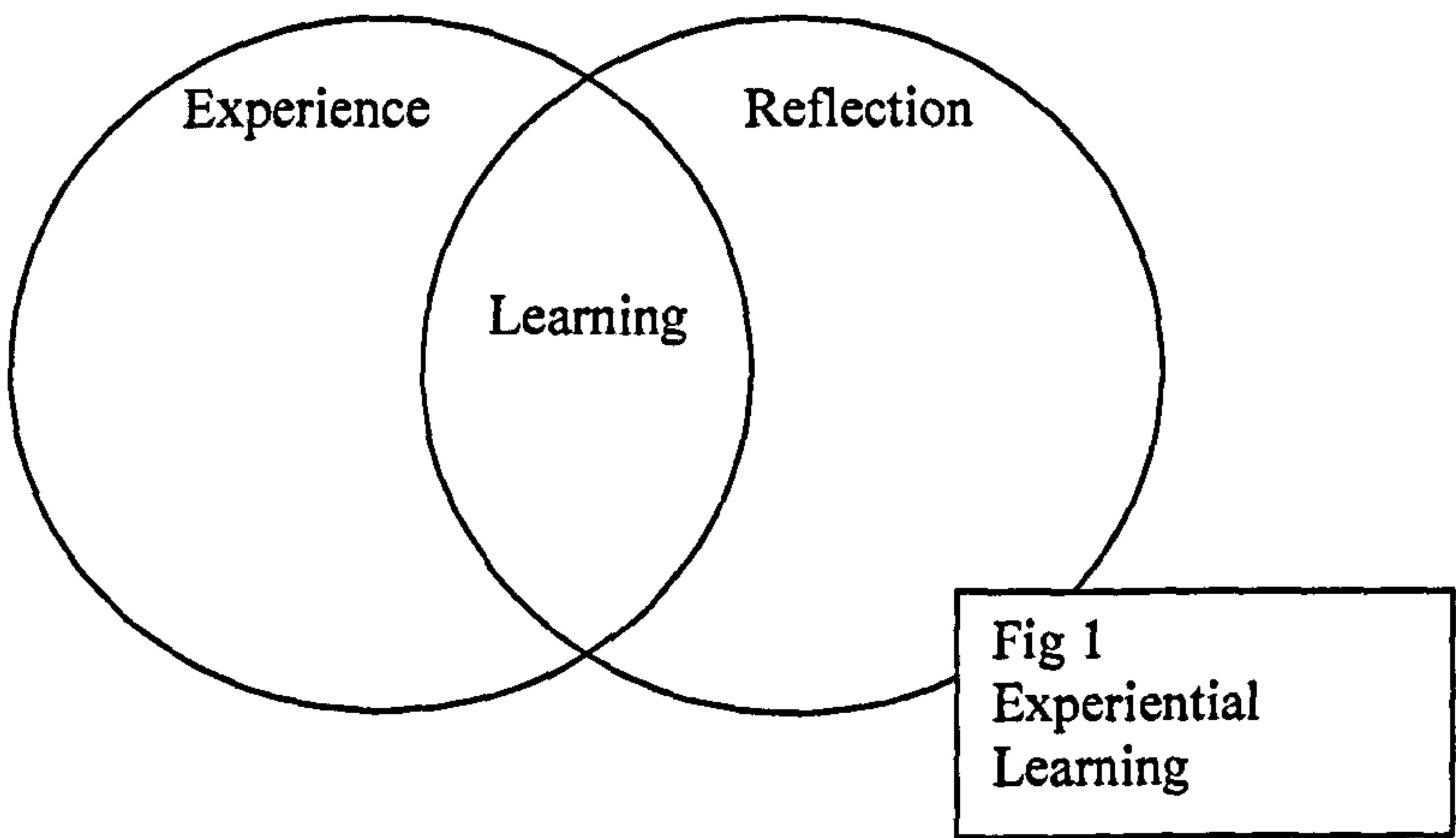
This final chapter continues the action science theme and draws together a number of the models and key issues emerging from this thesis to produce a holistic ‘framework’ for experiential learning. My aim would be to provide a framework that is a useful structure to stimulate, prompt and possibly develop nurse teachers’ use of experiential learning.

A Framework for experiential learning within nurse education

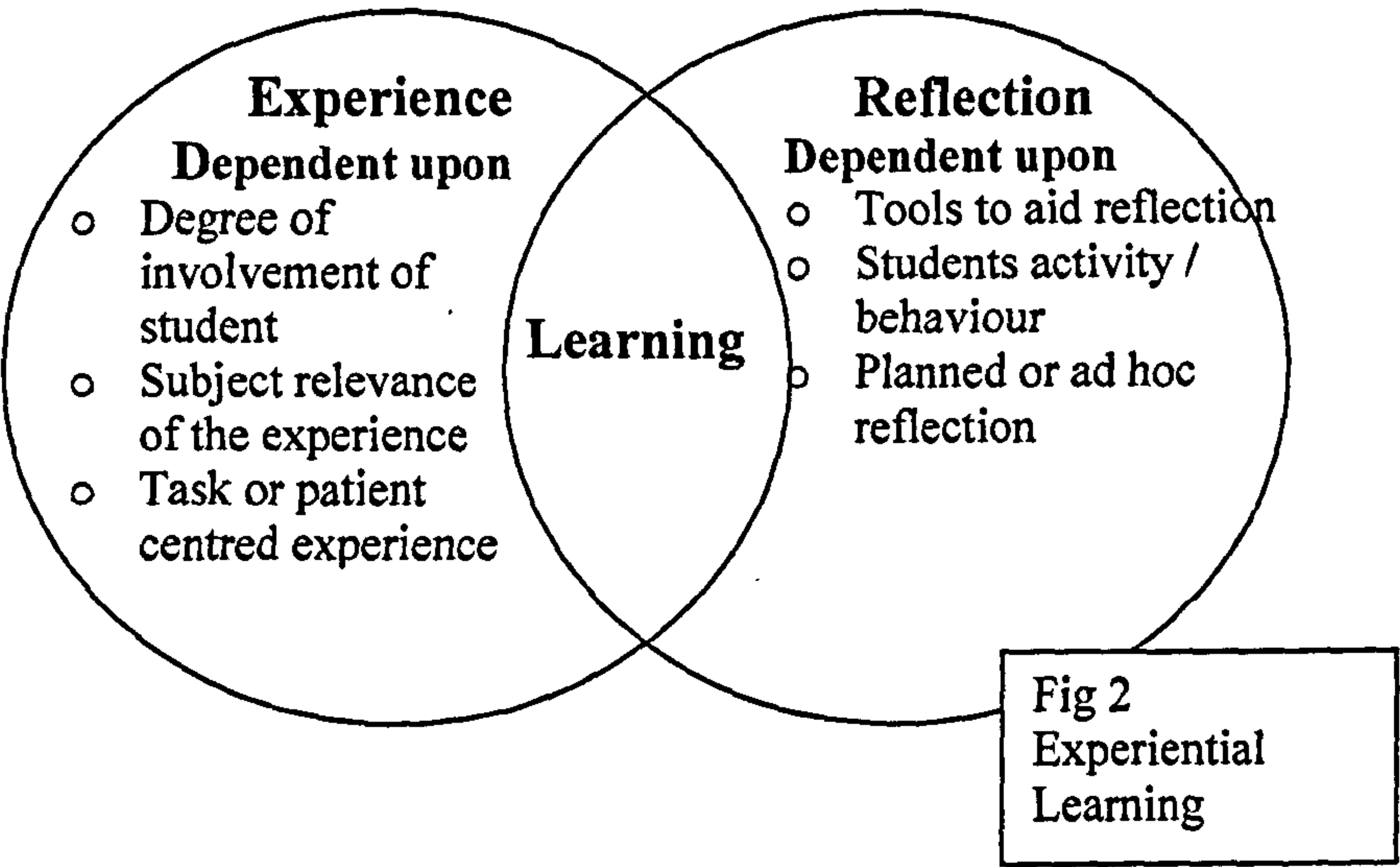
The definition of experiential learning I put forward in chapter three was;

‘Experiential learning is the learning which results from the coming together of experience, of a certain quality, with meaningful reflection’.

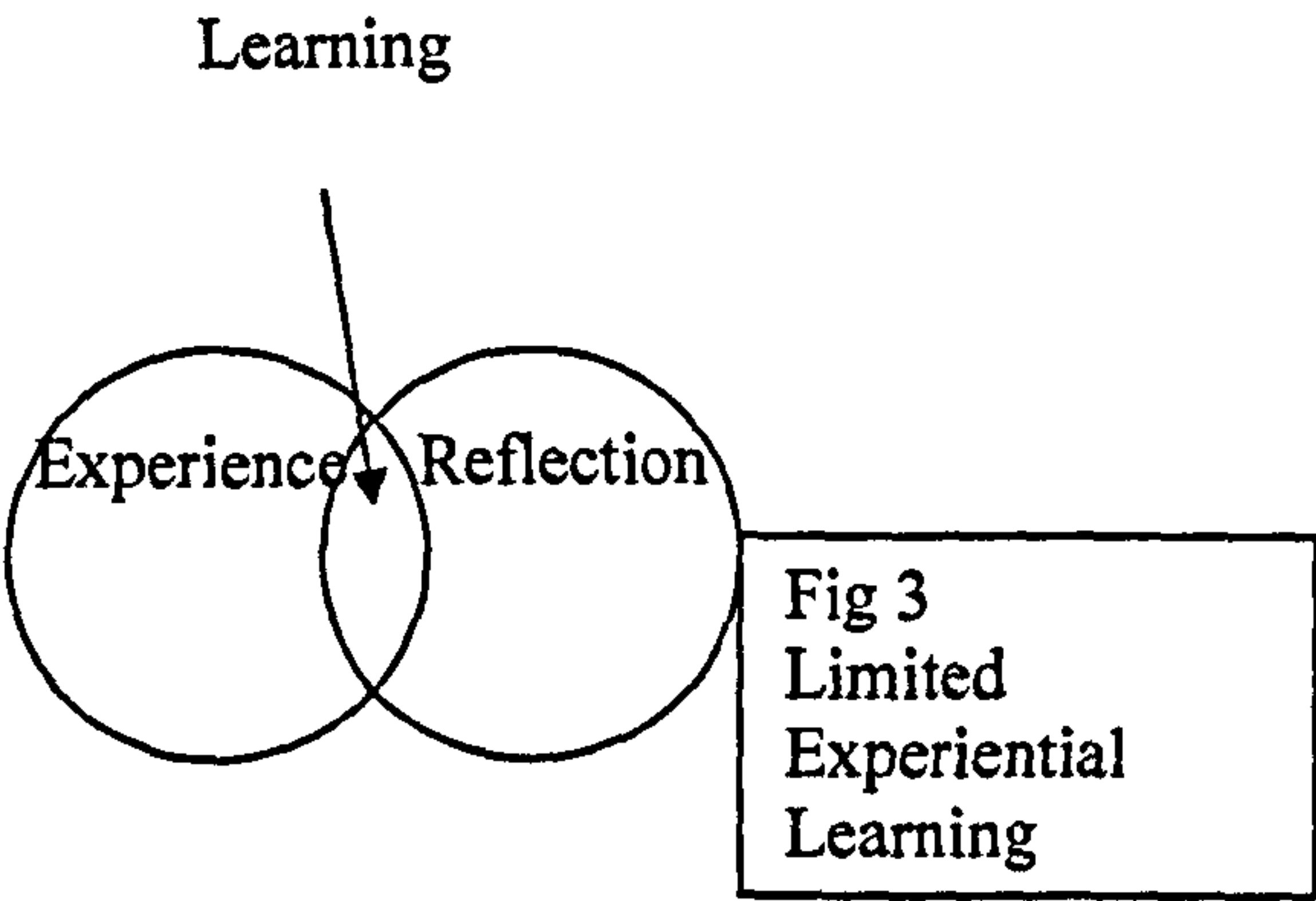
A simple representation of this is shown in figure 1:



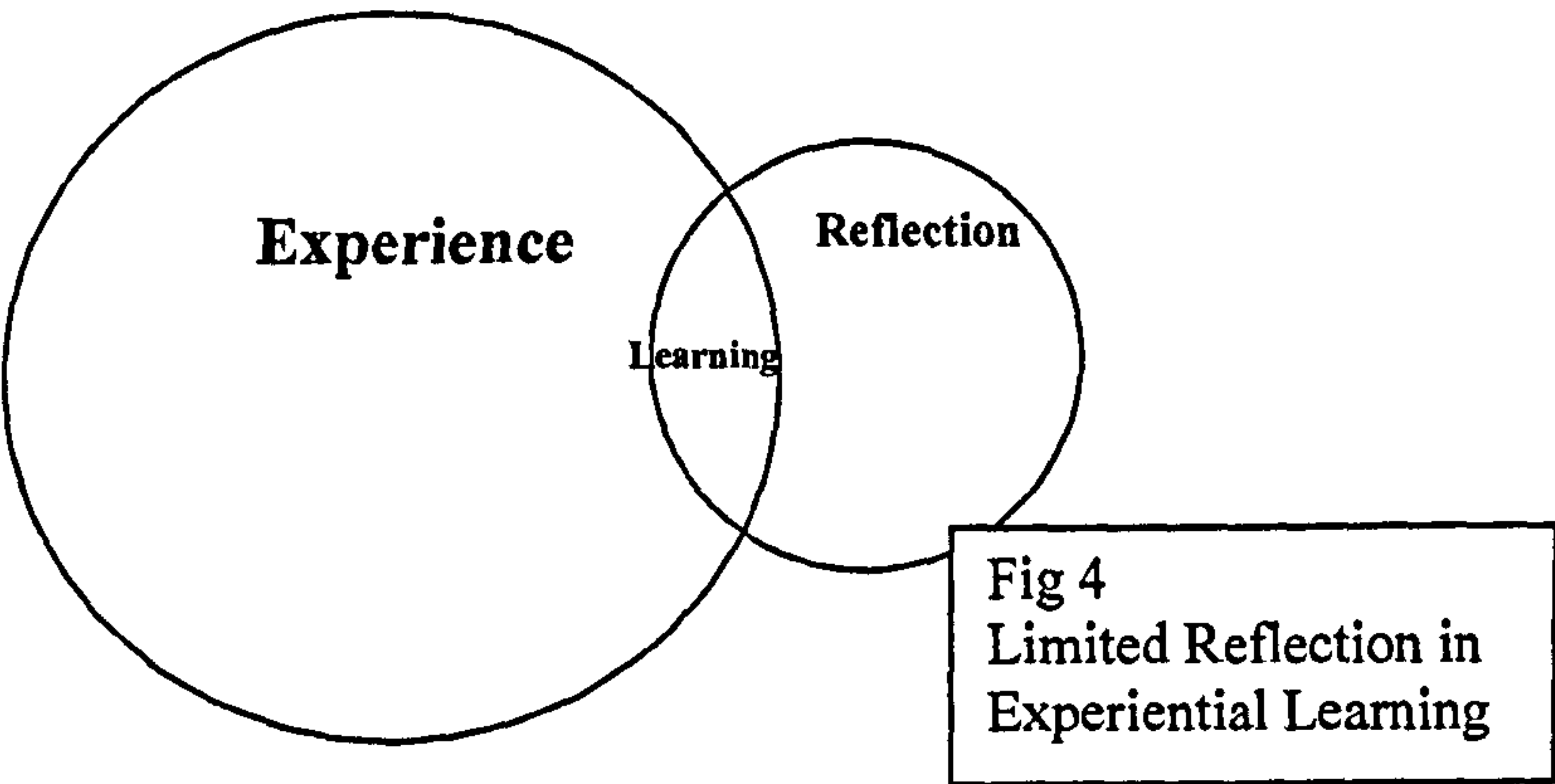
If the notion of the ‘quality’ of experience and ‘meaningful’ reflection, as identified within the definition, are added to the diagram using the criteria developed in my models of ‘graduated reflection’ (degree of involvement of the student, subject relevance of the experience, tools to aid reflection, students activity / behaviour Fowler, 2005c) and ‘clinical teaching’ (task verses patient centred and planned verses ad hoc Fowler, 2003), then the diagram becomes more complex, as follows, see figure 2:



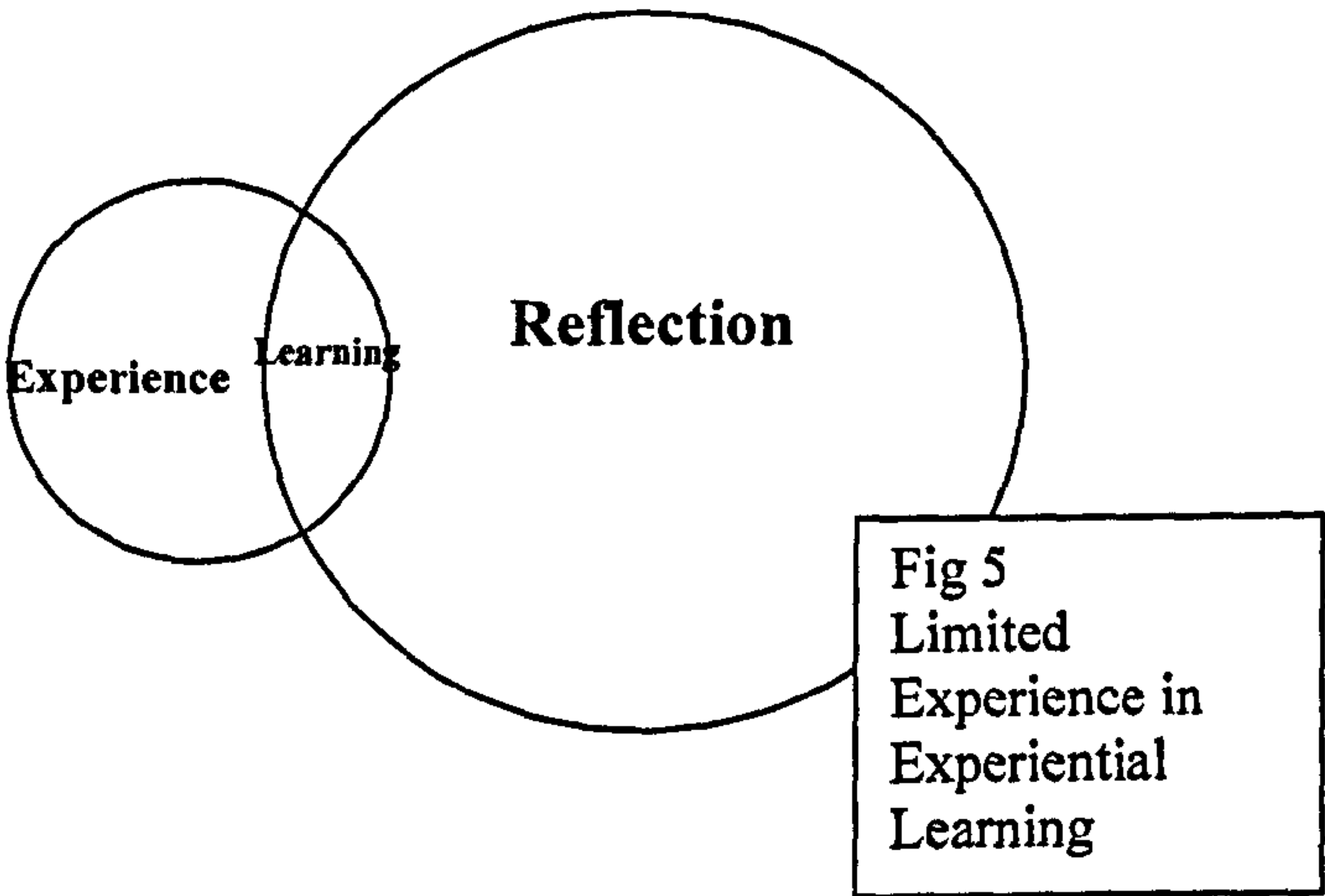
Thus experiential learning is dependent upon both experience and reflection. If the experience is of limited quality and the reflection is also limited then the experiential learning is also limited (represented as smaller circles) see figure 3:



If the person's experience is of 'good quality', but the reflection is limited, then the learning will also be limited, see figure 4:



Likewise, if the person reflects in a meaningful way, but the experience is limited, then an equally limited experiential learning will be achieved, see figure 5:



It is not just the presence of experience and reflection, but the meaningful interaction or overlap of the two. Factors that facilitate the interaction will enhance learning. This facilitation of the interaction between experience and reflection is demonstrated in my published works and typifies the teaching style associated with experiential learning, that of 'facilitating' learning. Thus, the style of teaching that is normally associated with experiential learning is that of the teacher as facilitator (Burnard 1996, Jarvis 2004.101). However, interaction is not only facilitated by a 'teacher' other 'factors'

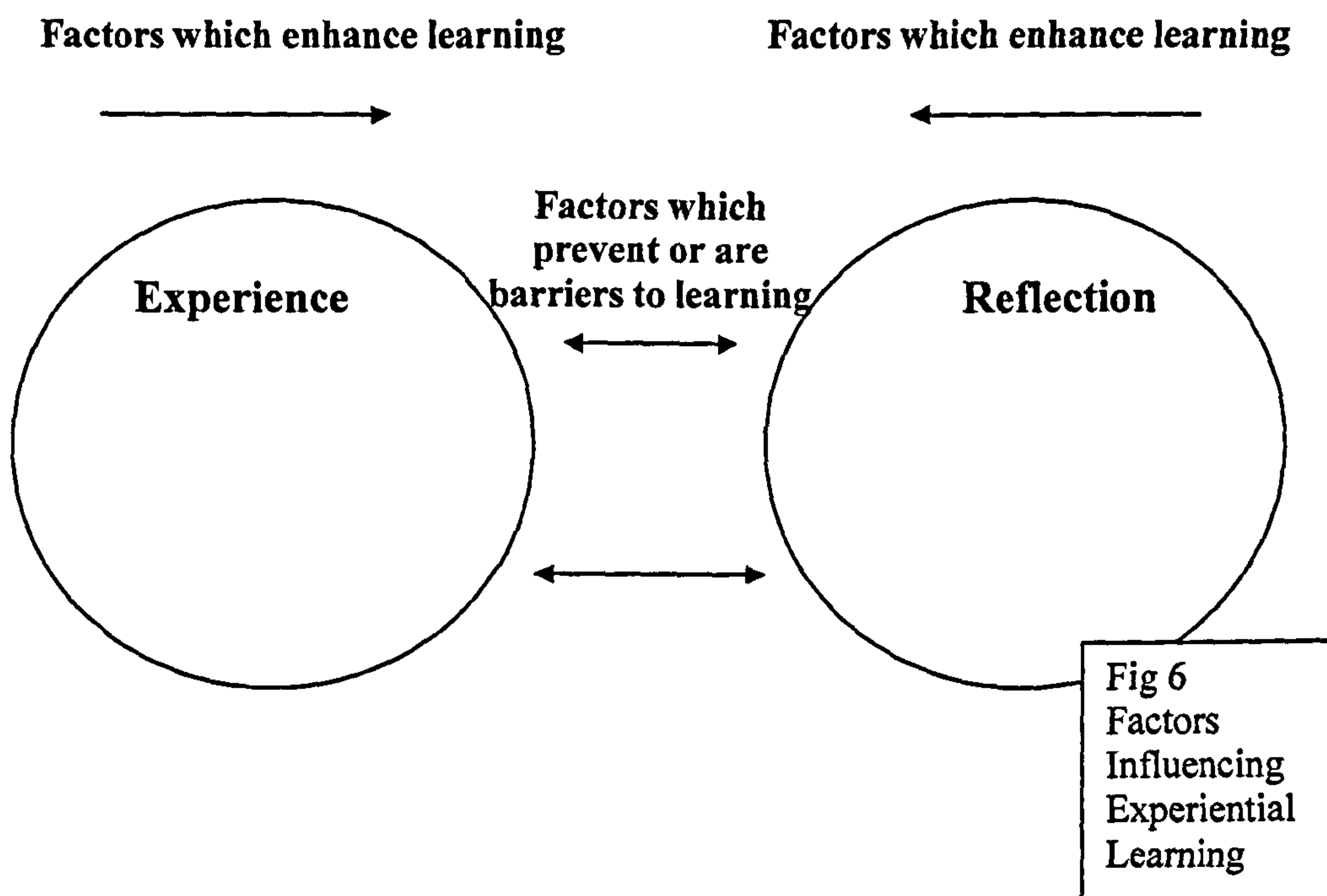
that facilitate the interaction of experience and reflection could be generated either by the student or by a 3rd person. I have classified these 'facilitation' modes as: deliberate external intervention of the teacher, deliberate action of the student or the random involvement of a third party. Some examples of these can be seen from the publications included in this thesis.

Facilitation modes:

- **The deliberate external intervention of a 'teacher'** with the specific intention of providing an experience be it real or vicarious, and then prompting reflective questions, thoughts and action. Thus, the teacher is the external motivator or energy source encouraging the interaction of the students experience and reflection. Examples of this within my publications are the two dimensional games (Fowler, 1984; 1985; 1985a; 1985b), learning consultation skills (Fowler, 2005c) and sculpting (Fowler & Rigby, 1994).
- **The deliberate action of the student** to combine experience and reflection, which is internally driven by the student's own inner motivation. The concept of internal motivation has not been the subject of my thesis and is worthy of a thesis in its own right. However, an example of this within my publications could be seen in the use of case studies (Fowler, 1981; 1994a; 1995) and fables (Fowler, 1987) which just present the experience and leave the student to accept the 'story' at one level, or reflect and explore the scenario and possible permutations of the experience.
- **The random involvement of a third party or action** which causes the experience and reflection to interact. In the practice of nursing this may be a patient asking the nurse a question about a procedure that the nurse is doing to them, which may cause the nurse to think and reflect on any number of levels. Alternatively, the nurse may be asked to produce a report on some aspect of the working environment (for example, bed occupancy or dependency analysis) and this again causes the nurse to reflect on practice in a different and deeper way than 'ordinary' practice demanded.

A prediction that can be made from this model concerns not only what promotes the interaction of experience and reflection, but what may prevent the interaction e.g. 'barriers' to interaction. It is hypothesised that barriers may prevent the interaction of experience and reflection, keeping them separated, thus reducing the experiential

learning, see figure 6:



Factors which prevent or are barriers to learning can be seen as those which prevent the experience and reflection interacting. Thus, the experience may be happening, and the person has the ability and prompts for reflection to occur, but the two are not brought together. This has not been the subject of my thesis but is an interesting development and is probably worthy of further thought and study. From my experience as a teacher and a consultant for clinical supervision, I would suggest the following possible categories:

- **Competing priorities in the mind of the nurse.** In the clinical area, a nurse may have arranged a clinical supervision session with her supervisor, but time constraints, busyness of the ward or complexity of her clinical workload may drain the energy that would otherwise be used to bring reflection and experience together.
- **Internal energy is drained** possibly due to personal or social problems. The interaction of experience and reflection requires internal, personal energy. Unlike rote learning and simple absorption of knowledge, experiential learning requires 'the holistic involvement of the student' (Boud & Pascoes, 1982) and

this requires personal energy. For some people, at some points in their lives, all of their personal energy is required to function at a survival level. There are obvious overlaps here with Maslow's hierarchy of needs and self actualisation (Maslow, 1968). Thus, anything which drains this internal energy will act as a barrier to the person bringing together experience and reflection.

- **Active resistance** on the part of the person to bring together the experience and the reflection. Many subjects within the nursing curriculum are not emotionally neutral. Examples of these are: reactions to death, dying and pain, the needs of different cultures, racism, spiritual beliefs etc. If a person has strong 'fundamentalist' beliefs or preconceptions on a subject, then they may be unwilling to reflect upon an experience that may be outside their belief structure. This is a complex psychological argument which is not the subject of this thesis, but is worthy of further study.

It is hypothesised that the breaking down of any of these barriers would enable experience and reflection to interact and thus enhance learning. I would propose that this is a far more interventionist form of 'teaching' than the facilitation mode which forms the basis of this thesis. I would suggest that this barrier breaking or interventionist mode might be that which forms the 'teaching' principles used by coaches. A coach seeks to refocus the person's priorities, remotivate when necessary, and break down any resistance to learning (Thomas 1995). This is an interesting prediction arising from the experiential learning framework developed in this thesis, as it provides a theoretical basis for a relationship between the facilitation of learning and coaching.

Summary of the Framework

The framework above proposes that if experience of a certain quality is reflected upon in a meaningful way, then learning is enhanced. The quality of the experience is dependent upon the degree of involvement of the student, the relevance of the subject matter and whether the subject is task or patient based. The meaningfulness of the reflection is dependent upon the tools used to aid reflection, the ad hoc or planned nature of the activity and the behaviour of the learner in the reflective process. The interaction of the experience with reflection is dependent upon forces that will encourage interaction such as external intervention of a teacher, internal motivation of the learner or a random act from a third party. Barriers to the interaction of the experience and reflection may be competing priorities in the mind of the learner, lack of internal energy or active resistance.

Does this mean that a simple formula which enables novice teachers to facilitate learning or to act as a coach can simply be extracted and implemented? I would take this question back to the methodological perspective discussed in chapter five. I believe that what I am describing within this experiential framework falls within the realms of complexity theory. This framework for experiential learning within nurse education is similar to describing a whirlpool (as discussed in chapter five). Thus I know about experiential learning, I know what it is like to teach using these principles, I know that the areas identified within this thesis and the principles identified in the above framework are all important aspects of experiential learning. Furthermore, I also know that it is far more complex than that. The complexity of the subject lies within the interaction and permutations of the considerable variables (as discussed by Jarvis 2004. 104-111). Whereas the linear logic of 'experience' plus 'reflection' equals 'learning' holds true, it is the complexity of the interactions regarding what constitutes 'experience' and 'reflection' further interacting with permutations of the 'attractors' and 'barriers' that moves this linear logic of experiential learning into the realms of complexity theory.

This thesis has looked at experiential learning in a holistic way. It has drawn upon my experiences as a reflective practitioner and as a reflective researcher. In terms of action science it has generated actionable knowledge.

Implication for Nurse Teachers

This thesis argues that the principles of experiential learning could be utilised far more in nurse education than they currently are. The teacher's simple appreciation of the possibilities of using experience and reflection more imaginatively is the first step. However, unlike other teaching methods, these are not just techniques to be learnt. They are skills and to some extent an art form, which the teacher needs to develop through practice, reflection, feedback and supervision. There is also a degree of caution required. If a lecture is delivered poorly, then the result is a bored student. However with experiential learning, which aims to involve the student holistically, if that is done poorly, there is the potential for the student's psychological safety (Rogers 1969) to be compromised. Thus, nurse teachers need to be encouraged to explore the potential that experiential learning could play in their own teaching, both as a facilitator and as a coach, but at the same time be cautioned by the need for supervision particularly in some applications of the art.

In addition to the principles and techniques of experiential learning, the student teacher would need to have an understanding of the complexities of the interactions that will influence the learning outcome, and be able to act upon that knowledge. Thus if a student is not learning from an experience which is being overseen or facilitated by the teacher, then the teacher needs to be able to analyse that situation and appreciate some of the factors that may be influencing the student, rather than just dismiss the experience or lay blame on the student. These are neither easy nor quick skills to develop and master. They require underpinning knowledge, observation of an experienced practitioner, practice and supervision. There may be a place for an intensive workshop for some staff that have similar skills and wish to transfer and apply them to nurse education. However, for the novice teacher, I would see this as part of an initial training course or an ongoing professional development programme. If this was to be part of a formal course, then it should be structured in a similar way to the graduated reflection model (Fowler, 2005c) used in the nurse consultation article.

Nursing is a practice based profession. All pre registration nursing courses and the majority of professionally validated post registration programmes, require the student

to spend half of the course in practice (NMC 2004). Once qualified the majority of nurses work as practising clinicians. Experiential learning is an experience based learning theory and as such fits congruently with the philosophy and structure of nurse education. This thesis demonstrates that there is considerable potential to develop innovative approaches in the use of experiential learning within nurse education. The papers, texts and innovative models submitted as supportive evidence within this thesis contribute significantly to this knowledge base.

“...the richness and complexity of learning ...despite recognising this complexity it might be too complex a phenomenon ever to understand entirely.

Jarvis 2004. 117

A Final Overview

The first time I was employed as an educationalist was when I worked as an unqualified clinical teacher in a psychiatric hospital. My role was to visit student nurses in their clinical placements and teach them useful aspects of clinical nursing. The first week, I visited various wards and introduced myself to staff and students. I asked one student what subject she would like me to 'teach' her. She replied, 'epilepsy'. I then prepared a 45 minute mini lecture on epilepsy and returned the following week and delivered it to the student. We sat in the day room and the student listened with full attention, very politely, at the end commenting how useful this lesson was. Over the next few weeks I repeated this approach with a number of other students but became increasingly aware that although I was teaching, I was not sure that the students were learning in any meaningful way. In addition, I was aware that apart from the 'teaching' occurring physically in the clinical environment, I was not using the resources of the clinical area in any real way. Deciding to capitalise on the student's experience and the clinical environment, I visited the student and asked her to give me a tour of the ward, identifying and discussing fire hazards and evacuation equipment. This was the start of my realisation that the combination of experience and reflection, resulted in a type of learning that was more applied and meaningful than traditional teaching.

These publications chronicle my continued development as a lecturer and researcher over a number of years. As I have reflected upon my teaching, I have sought to learn, develop and at times publish my ideas and findings. This thesis is a synthesis of a number of theories with practical experience, producing knowledge which is actionable. The writing style of the various publications, although tailored for different journals, has a recognisable philosophy: that of theory and practice coming together in a holistic way resulting in actionable knowledge. Viewed longitudinally, the thesis is a case study of my development as an action scientist. For a period of my professional life I explored different methodological research approaches and felt a degree of empathy with certain styles which valued the real experiences of people, such as phenomenology, ethnography or grounded theory. However, I never felt intellectually comfortable with aligning myself with a single perspective and adopted a pragmatic and eclectic approach to research. This is reflected in the research methods described within my publications.

As my knowledge and expertise regarding experiential learning developed I began to recognise many similarities between the underpinning philosophy, as described within this thesis, and that of the underpinning philosophy of action science. Although I have never set out to develop as an action scientist, my academic thinking has developed to fit quite congruently with that of the methodological principles of action science. As I increasingly view my approach to educational practice as an action scientist I find myself guided by its underlying principles. I see learning as a tapestry in which theory and practice are interwoven in ways that reflect integration and holism. When teaching, I consciously 'reflect in practice' and question my intuitive actions. I continue to explore different approaches to teaching and learning and reflect upon the consequences of my actions.

Another focus of academic interest that I have developed over the last few years which has given me insights into nursing education and an understanding of the social, educational and health sciences in general, is that of complexity theory. The propositions within complexity theory help me explain some of the cognitive and intuitive difficulties I had with simple cause and effect perspectives on the social world. I feel I am at the start of a journey regarding complexity theory and its application to the health and educational sciences. My current way of trying to incorporate a complexity perspective into my teaching is by the use of either figurative or real, pictures or models, to capture holistic understanding. There are other key aspects to complexity theory such as bifurcation points which I have yet to fully explore and apply. My aim as I continue to develop as a reflective practitioner and action scientist, post thesis, is to consciously bring together my experiences with meaningful reflection continuing to explore experiential learning, action science and complexity theory. This is a journey which values the present experience and seeks to learn from that experience so as to inform future experiences.

"We always live at the time we live and not at some other time, and only by extracting at each present time the full meaning of each present experience are we prepared for doing the same thing in the future"

Dewey (1938 pg 49)

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These are the references to my work in the thesis. The general references follow this section.

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Wednesday, 13 July 2005

To whom it may concern.

I write with reference to the collaborative works undertaken by John Fowler and myself. These have ranged from publications, seminar presentations and research projects.

John has always encouraged the development of aspiring academics, and has adopted an inclusive style in his project and work based undertakings. I have personally benefited from this altruistic approach, and am not alone as a recipient of John's guidance and nurturing, which has prepared and given confidence to a considerable number of novice academics.

In particular John led me through a qualitative research experience, which considered the implementation and evaluation of clinical supervision, producing a book chapter and conference presentation. I have been involved in a number of other projects led by John such as the development of the Handbook of Clinical Supervision, and as Secretary of the Leicestershire Clinical Interest Group can endorse John's leadership through his role as the Chair.



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Appendix two

Citations of Fowler’s Publications in Journals

As per Google Scholar

Accessed 08.03.05

Summary of Fowlers publications with number of times cited, followed by details of citations.

Page	Publication
96	Summary of Fowler’s publications with total number of times cited as per Google scholar search engine.
	Publication followed by details of citations
97-101	The organization of clinical supervision within the nursing profession: a review of the literature – 35 citations
102-104	Evaluating the efficacy of reflective practice within the context of clinical supervision – 18 citations
105-106	Clinical supervision: what do you do after saying hello? – 12 citations
107-108	Nurses' perceptions of the elements of good supervision – 10 citations
109	How to use models of clinical supervision in practice – 4 citations
110	Learning to be a ward sister – 2 citations
111	The use of video cameras in one college of nursing – 4 citations
112	Demystifying clinical supervision – 4 citations
113	Evaluating the benefits of clinical supervision – 3 citations
114	Implementing Clinical Supervision – 3 citations
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PART 2 OF THIS THESIS

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